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INDEX ON PAGE 1248.

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It is also the best remedy for the stings of insects, bites of snakes, for blotches, pimples, etc.

In addition to its internal administration, it should be freely and frequently applied to external sores of every description. It should also be used as a mouth wash and gargle in ulcerated or putrid conditions of the mouth and throat.

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Passing the Catheter.

When you attempt to introduce the catheter into the bladder where the prostate gland is enlarged, remember the sinus pocularis. Well, how will you avoid it? Oil the index finger of the right hand and introduce it into the rectum. After introducing your catheter hold it in the left hand and push it down until you meet the obstruction. Then follow the catheter with the index finger to its point —I mean the index finger in the rectum— gently raise it up, apply a little more force with the left hand, and ninety-nine times out of a hundred you will be surprised to find how easily the instrument enters the bladder. I can say without boasting that I have never failed in this simple operation in my life, and it is seldom now that I ever draw blood or give the patient much pain.

Never try to introduce a catheter into the bladder where the prostate gland is enlarged without having the finger in the rectum to spread the lateral lobes apart and lift the point of the instrument above the sinus pocularis.—*Ex.*

Home Made Splints.

Dissolve one pound of gum shellac in one pint and a half of ninety-five per cent alcohol, with one drachm borax. Let the mixture stand until all of the shellac has been dissolved; then it is ready to be applied. Old cloth makes the best splints. I generally use an old pair of trousers. Apply the solution to one side of the woolen cloth with a brush and dry thoroughly before a hot fire. It takes about one hour to dry properly. Then apply a second coat on the same side and dry as before. You will then have a single piece, but if you wish a stronger piece, apply the solution on one side of two pieces that have already been prepared, dry them, place them together and press with a hot iron, and they will unite and become as one piece. Always be sure to dry out all of the alcohol. To temper the cloth for use, hold before a hot fire until soft, then apply. It will adapt itself to the shape of the limb at once. To make it set quickly, hold in cold atmosphere or dip in cold water.—*Red Cross Notes.*

Face and Pupil in Alcoholic Neuritis.

Bruton calls attention to certain symptoms in alcoholic neuritis which he has not seen described in the literature. The first is the peculiar expression of the face, which becomes mask-like and expressionless; the lips appear to move apart separately from the cheeks, but they sometimes appear very mobile. The eyebrows and eyes may move in accordance with the lips, but a fixed and expressionless band stretches across the nose and cheeks between the eyes and lips. He has been able to diagnose alcoholic neuritis, provisionally at least, from observation in this way. Another point is the condition of the pupil reflex which is just the reverse of the Argyle-Robertson phenomenon. In a number of cases he has noticed that the reflex to light is rapid and extensive, whereas accommodation to near objects was slight and sluggish or entirely wanting, and in one or two cases he has observed dilatation instead of contraction on accommodation.—*Jour. Amer. Med. Assoc.*

Gunpowder Stains.

I applied a thick cantharidal plaster to the face, nose, and forehead in the evening and left it on until about four o'clock the next morning, when the nurse removed it, as it had begun to blister pretty severely. This brought away lots of powder with the cutis and it just did the work in a style that nothing else could.

Brothers, it is just the thing, and you will be surprised at the way it takes out the powder and does not injure the face. After the cantharidal plaster was removed his face was covered with gauze, which was kept wet with antiseptic, as the surface was raw. After several days his face was well anointed with vaseline to loosen up the crusts.—*Med. Summary.*

Relaxed Mucous Surfaces.

Dr. Jno. W. Miller, Pisgah, Md., says: S. H. Kennedy's Extract of Pinus Canadensis, as an application to all mucous surfaces, is most satisfactory. In gonorrhea I have used it with very decided results; and also as an application to ulcerated os uteri with equally good effect.

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Treatment of Sprains.

A sprain is not unfrequently more troublesome to both patient and surgeon than a fracture. In the treatment of sprains, especially of the extremities, I have had very marked success by a very simple process. I mention a case as an example. A carpenter fell from a scaffold and severely sprained one ankle, but produced no fracture. He was conveyed home on a stretcher and I was immediately called. I directed that his foot at once be put into water as hot as could be borne and that as the temperature of the water might indicate that some of the water be taken out and this quantity replaced by hot water. His wife put him to bed and kept him upon his back with his foot in the water all night. When taken out next morning and bathed with lobelia he was able to use it quite well. The hot-water process was continued more or less during the day, and by the third day he was again superintending his men. I could add several cases of ankle, knee, and wrist sprain that would be but a restatement of the same successful treatment, which quickly relieves the tension of the nerves and circulation, soothes the injured muscles and ligaments, and relieves the hyperemic and congested conditions present. Though the parts injured may be weak for a few days, this process is simple, effective and quickly curative. Let the lobelia be freely applied when the part is not in the water.—*Sanitary Home.*

Ethyl Bromide.

The advantages of this drug as an anesthetic are, briefly:

The short time required to procure unconsciousness.

The small quantity required, and its subsequent rapid elimination.

The simplicity of administration.

The comparative freedom from unpleasant sequelæ, headaches, nausea, vomiting, etc.—*Detroit Med. Jour.*

No Other Like It.

Dr. J. C. Bucher, Andrews, Ind., finds Papine an anodyne without a parallel. Pronounces it the finest preparation of the kind he ever prescribed.

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Catheterizing the Prostate.

In cases of enlarged prostate, where much difficulty exists in passing a catheter, after several futile attempts have been made, desist and tap the bladder. Do not further wear out your already exhausted patient by punching a catheter against his swollen and inflamed prostate. After tapping the bladder, which is a procedure devoid of any danger and attended with but little pain, allow the patient to rest for a half hour, then attempt to pass a Mercier catheter, and you will be surprised how easily it glides in. In several cases I have been able to pass a catheter by inserting it as far as possible, and then injecting through it a few minims of a four per cent solution of cocaine hydrochlor. After waiting a few minutes I generally am able to catheterize this class of patients; however, in this case the cocaine failed to be of any use.—*Gaillard's Med. Jour.*

Diphtheria.

Dr. C. B. Galetin used chloral hydrate in the treatment of diphtheria, and was, I believe the first to employ it. In 1884 he published a small volume on this treatment, which can be found in the library, and will repay a perusal. His mistake was in claiming the remedy as a specific. Yet I believe it is an invaluable contribution to the treatment. I early began its use and found it of very great value. I recall the case of a little girl of five years who was brought to my office with the hoarse cough of laryngitis. I found the diphtheria membrane loose and dropping off the throat. I hurried the child home and began the use of chloral hydrate. The symptoms were very severe, and many times it seemed as if the child would expire from suffocation. In a few hours she was taking the medicine at the rate of forty-five grains in twenty-four hours, and continued to do so six or seven days before the symptoms subsided. According to the mother's statement the child slept eighteen or twenty hours a day. I repeatedly urged upon her the danger of such large doses and directed smaller ones, but at the next visit she would say that as soon as the effects of the medicine began to go off the child nearly expired from suffocation, and that she was compelled to resume the full dose. The case made a perfect recovery.

I had a number of similar cases which terminated favorably, though not without failures. The dose given in the case referred to was heroic, and not all will bear so free use of the chloral hydrate. But children of three years can usually take fifteen or twenty grains, and often more, in twenty-four hours. — *Columbus Med. Jour.*

Croup.

The preparations of lobelia are very valuable from a therapeutic point of view. A few days ago I treated a bad case of croup, in a child fourteen months old, with acetic emetic tincture five drops every fifteen minutes, and the emetic powder on a larded cloth applied to the throat and chest. The father said he could hear the child's efforts at respiration in the stable, which was fifty feet at the rear of the house, the windows of the house being closed. After a few doses of the acetic emetic tincture the child was relieved, and made a good recovery.—*Ec. Review.*

Dilated Stomachs.

In dilatation of the stomach strychnin is indicated. I treated one case very successfully with strychnin. I made the diagnosis of dilatation. Of course, that did not make it so, but as I could get no one smarter than myself to confirm or disprove the diagnosis, I called it dilatation. Had treated the case for nearly everything else, and with various and divers prescriptions, to no effect. I commenced with strychnin, one-sixteenth grain, and continued for two months, holding up occasionally, lest toxic symptoms be produced. Patient was entirely relieved, and has remained so ever since.—*Gaillard's Med. Jour.*

Nervous Disorders.

Dr. George Vaillant, New York, reports excellent results in several cases of neurasthenia, insomnia, and alcoholism treated with Celerina.

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THE coil, switches, dial and binding posts on this instrument are mounted on a finely polished slate base about seven inches square. This plate is mounted on a highly polished oak base, a trifle over fourteen inches long and ten inches wide. The two large dry batteries used in operating it are inclosed in nickel-plated tubes on either side of the slate plate. The raised compartment underneath the slate plate is used to hold the electrodes and attachments when the apparatus is not in use. The dial is regulated by a tube which slides over the coil.

This apparatus is the most attractive instrument I manufacture. It is an ornament to any physician's office. The workmanship cannot be excelled. It is so arranged that the dry cell can be removed by the physician, or cells of other makes can also be used in the apparatus. I furnish with this apparatus a pair of conducting cords, more than two yards in length; insulated with flexible rubber quarter-inch tubing. I also furnish with it a pair of heavily nickel-plated handles, two sponge electrodes and a large aluminum foot plate. The price of this instrument, with the dry cells adjusted, complete, ready for use, with the attachments mentioned above, is **$16.00.**

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A New Fruit.

There is every reason to suppose that before long a most delicious fruit, new to America, will dominate our markets; already a few specimens have found their way to the seaboard cities. This is the mangosteen—native to the Moluccas and extensively cultivated in Ceylon and Java, and latterly introduced to Jamaica and other portions of British West Indies. It is about the size of a small orange, spherical in form, and when the rind is removed a juicy pulp, "white and soluble as snow," is revealed, possessing a most delicious flavor—something like a nectarine, with a dash of strawberry and pineapple combined. It promises, in a few years, to supersede the orange in popular favor, and attempts are already being made to introduce it into the Southern United States.—*Southern Clinic.*

Typhoid Heart.

Dr. M. D. Buercklin, Wake, Ark., says: In cases of typhoid fever, where a heart tonic is indicated, Cactina Pillets work like a charm.

Keep Up the Fluids.

Give water freely to your cholera infantum cases. Let the water be very cold, and give a swallow every few minutes. Tell the anxious mother that in many cases the life of the child depends upon the regularity with which it is supplied with pure cold water. If there is any doubt about the purity of the water used have it boiled and cooled. Also have the baby's body sponged with tepid water frequently. Keep the baby's head cool (don't forget the aconite and water application and the use of the fan), keep the skin comfortably cool, and above all keep the stomach and intestines free from burning heat by the constant use of pure cold (very cold) water.—*Ec. Review.*

Controlling the Ravages of Phthisis.

Dr. Carl Sigel, Hillsboro, Wis., treated two cases of tuberculosis of the lungs in married women, one twenty-nine years, and the other fifty-eight years old, with Ecthol, tonics, etc., and in the short time of four weeks, could see improvement setting in.

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Treatment of Hemorrhoids.

Dr. J. P. Tuttle, as noted in *Amer. Med.*, believes that in many acute cases of internal hemorrhoids, local and general measures should be resorted to rather than operative procedures. Cold water enemas once or twice a day are of great benefit in order to produce an easy movement of the bowels and to contract to some extent the blood vessels. Injections of mild non-irritating astringents, such as the fluid extract of krameria, fluid extract of hamamelis, or Pinus Canadensis, will have a very soothing and curative influence. Suppositories of ichthyol, tannic acid and belladonna are of great benefit, especially if there is an eroded condition of the parts. Resinous cathartics, such as podophyllin, aloin, gamboge, etc., irritate the parts and should not be used. Small doses of saline laxatives, especially sodium phosphate, before breakfast, followed after breakfast by a cold enema, will have splendid effect upon the liver, intestine, and hemorrhoids.

Diseases of Children.

The following remedies will be called for almost daily in the treatment of children during the next two or three months: Rhus tox., when there are enlarged papillæ, the child restless and it cries out during sleep in a frightened manner. Gelsemium when the patient is excited, extremely nervous, restless and rolls its head from side to side, Belladonna when the child is dull, drowsy, stupid, and the pupils are dilated. Nux vomica when there is extreme atony, pallor or yellowness around the mouth, and sallow skin, the tongue clean, broad and pale. As a stimulant it has but few equals.—*Ec. Review.*

Better Retained.

Dr. H. O. B. Young, Gurnee, Ill., finds Peacock's Bromides superior to the ordinary bromides, in that it is better retained by many patients who reject the latter. Says it is particularly a superior preparation in the treatment of diseases of childhood, when bromides are indicated.

Ulcerated Cornea.

A most satisfactory treatment of corneal ulcerations is by means of the actual cautery. This may be used in the form of the electrocautery, thermocautery, or by an instrument heated in an alcohol lamp. As a rule, I prefer the latter method. Any small, smooth piece of steel, large silver probe, or knitting-needle is much easier handled by the novice than the clumsy cautery handles with their stiff, attached conducting cords. In the use of these cauteries, great care must be used not to puncture the cornea, and where the ulcer is deep, this is a delicate operation. By means of a good light, and with a delicate touch, we can usually avoid this accident. It has only happened to me once in my seventeen years of eye practice. Persons without a steady hand, and a delicate touch had better not attempt it, or for that matter not much other eye surgery.

After cautery, atropine should be used. As a rule, one cauterization is sufficient, but at times there occur cases where, in spite of repeated cauterization, and all other means, the disease goes on to perforation or to complete destruction.—*Northwestern Lancet.*

Chiggers.

The chigger inquiries are again pouring in. "How do you advise treating chiggers?" Now, we want you all to read this carefully and put it into practice at once, and not ask this question again this year.

The most immediate relief is obtained thus: Take a homeopathic vial and stuff it with absorbent cotton; then saturate the cotton with chloroform; cork it tightly until needed. Sig.: Apply the mouth of the bottle tightly over the point of irritation (chigger) for one or two minutes, then proceed to the next. The relief is immediate, and the chigger dies a painless death.

Now, put this into practice this summer. —*Reg. Med. Visitor.*

Facial Neuralgia.

Dr. Chas. Hamil, Greenview, Ill., cites a case of facial neuralgia in a young lady. One-half teaspoonful of Celerina every two hours for twenty-four hours, and there was no more trouble.

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Resinol stops itching instantaneously.

It is the most effective application known for Eczema.

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It not only cleanses but also nourishes the skin.

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It is the best cure for fetor of feet or offensive perspiration, or any morbid exudation known.

I have been prescribing Unguentum Resinol from time to time, and now find it to fill a long felt want and would be at a loss to find something to take its place. In acute and chronic ulcers, old sores, etc., and in all inflammations where a topical agent is indicated I prefer Resinol.
JOHN TACKETT, M. D., Richland, Miss.

I have used Resinol and always with great satisfaction. It is by far the most reliable ointment I know of in all affections of the skin, attended with itching and irritation and in chronic ulcers it is my sheet anchor.
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I have used Resinol very extensively for several years, and will continue to use it as long as it remains as it now is, the best ointment for all purposes for which it is recommended.
A. C. STUART, M. D., Elmville, Ky.

I have used Resinol Ointment extensively, and invariably get good results wherever used. I find it will do all that it is recommended to do, and even more. In fact, there are so many opportunities constantly occurring where it can be used to advantage that I feel uneasy if I do not have a jar of it in my office. I am also much pleased with Resinol Soap.
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Unguentum Resinol is unquestionably first among the best 'up-to-date' preparations in diseases of the skin. It almost instantly allays pain, and stops itching and irritation. Its effects are exactly as represented.
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I have practiced medicine more than fifty years and have never found any remedy equal to Resinol to relieve pruritus and heal eruptions. I constantly prescribe both, Ointment and Soap.
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Dysenteries.

When called to a case of dysentery, do not attempt to lessen the discharge at once. Give a tablespoonful of equal parts of glycerin and castor oil, and repeat the dose every day until the foul odor is removed from the evacuations. Other remedies should be used in accordance with their specific indications. In a very large per cent of these cases, aconite and ipecac will be called for as an essential part of the treatment. If there is much suffering from tenesmus the opium and starch water injection should not be neglected.—*Ec. Review.*

Pertussis.

In whooping cough a few single drop doses of tincture of lobelia will generally give relief from the spasmodic cough. It is best not to add this drug to a cough prescription, but to give it separately, as it seems to be indicated. It may, however, be given with the dose of a cough syrup, if required, but should not generally be continued for long at a time.—*Ec. Review.*

Practical Way of Tying the Umbilical Cord.

A clamp or artery forceps is placed on the cord near the umbilicus and allowed to remain on same a few minutes, tightly clamped. By removing the forceps a deep groove of hard, semi-transparent tissue can be seen; the ligature is now placed in this canal and tied with a jerk. It is impossible for the suture to slip off if applied in this manner.—*N. Y. Med. Jour.*

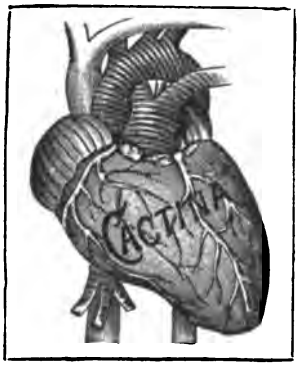
The Spinal Douche.

The daily cool douche, or affusion, is an excellent means of relieving urinary incontinence in children, a difficulty indicating weakness of the inhibitory centers, which latter may develop serious nervous disorders.—*Good Health.*

Congestion of the Stomach.

Dr. I. C. Chapman, New Orleans, La., says: I have used Seng in my own family and in cases of congestion of the mucous coats of the stomach. Find it has no superior.

CACTINA PILLETS.



INDICATED IN

ABNORMAL HEART ACTION.

Given with Antipyretics TO PREVENT Cardiac Depression.

Specially indicated for the cardiac nervousness caused by the use of alcohol, coffee, tea or tobacco.

☞Each Pillet represents one one-hundredth of a grain of Cactina—the active proximate principle of Cactus Mexicana.

DOSE.—One Pillet every hour, or less often, as indicated.

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HYGROSCOPIC ANTISEPTIC

APPLY

EXOSMOTIC ENDOSMOTIC

ANTIPHLOGISTINE

WARM AND THICK

Expect Immediate, Decided and Definite Results.

For when within $\frac{1}{32}$ of an inch or less of the circulating blood, it maintains a uniform degree of temperature for from 12 to 24 hours or more; provokes an abundant flushing of the capillaries; apparently through exosmosis a profuse serous transudation, thus depleting the parts, and through endosmosis a stimulating, local, alterative, soothing and tonic effect upon the affected lymphatics and other tissues.

With such processes continuously at work, Inflammation of any kind and Congestions must be and always are promptly benefitted. **Antiphlogistine** is being used extensively and successfully by physicians everywhere and without doubt is the best treatment in the world for

Burns (1st degree)	**Mastitis**	**Sprains**	**Bronchitis**	**Inflammation of Bowels**
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Our new style packages—seamless and sealed (air-tight), yet easily opened—must commend themselves and be appreciated by all users of **Antiphlogistine.** To protect self and patients against imitations and worthless substitutes, always prescribe a *full package* and see to it that the *seal* has not been tampered with—Small (net 10½ oz.) 50 cts.; Medium (net 17½ oz.) 75 cts.; Large (net 34½ oz.) $1.25.

A request with 25 cents for carriage entitles you to a free sample pound package. Try it.

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CHIONIA

THE HEPATIC STIMULANT FOR

Biliousness, Jaundice, Constipation,

AND ALL DISEASES CAUSED BY HEPATIC TORPOR.

An invaluable Remedy to improve portal circulation, and for strengthening the lymphatics of the liver, without attacking that organ by unnecessary severe catharsis.

The action of CHIONIA is GENTLE, but CERTAIN. When given continuously, it will remove The Most Obstinate Constipation.

DOSE—A teaspoonful three or four times a day.

Put up in one-half pound bottles only. Price, $1.00.

A full size bottle will be sent FREE to any physician who will pay Express Charges.

Peacock Chemical Co., St. Louis, Mo.

London Office: 36 Basinghall St. Canadian Office: Lyman, Knox & Co., Montreal.

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Capillary Stasis.

The more experience a physician has in the treatment of children, the more fully he becomes convinced that belladonna is essential to his success. The dose must be small, as children are very susceptible to the influence of the drug. In the summer diseases of children, cases are frequently seen showing marked dullness of the eyes, dilated pupils, with an almost irresistible desire to sleep. Belladonna is a specific for this condition, and no other remedy can fill its place. Three to five drops of the specific medicine added to four ounces of water makes a prescription of sufficient strength, and the dose of the dilution should be a teaspoonful every hour.—*Ec. Review.*

Ginger.

Ginger is a remedy commonly overlooked when a stimulant is needed. It is more popular in domestic practice than with the profession. Its stimulating influence is immediate and greater even than alcohol. It has pain-relieving properties which are difficult to explain. Whenever there is sudden reduction of the temperature with coldness of the skin or extremities or chilliness, all accompanying some severe local pain, this agent is specific.—*Prescription.*

Drug Castration.

A writer in the *Record*, commenting on castration for enlarged prostate, said that he had injected cocaine into the testicle twice a week for two months, in two cases of this kind. There was absorption, immediate relief from the distressing symptoms, and recovery. In both cases while the power of copulation remained intact, there was absolute cessation of the production of spermatozoa.

Urinous Smells.

Cases in which there is a dribbling of urine in the bed, attended by the usual disagreeable urinous smell, can be made less obnoxious by pouring some turpentine upon the sheets, where it will not touch the patient's skin. This counteracts the odor to a remarkable degree.—*Internat. Jour. Surgery.*

Nitric Acid.

The indications for nitric acid are exceedingly plain, and sometimes a long train of symptoms will disappear when this agent is given according to its symptomatology. The tongue and mucous membranes are of a violet color, sometimes carmine or clear red. The membrane is apparently transparent, though its color is plainly seen. The membranes are dry from the deficiency of the secretion. There is general inactivity of the intestinal glands and unusual lack of tone with a tendency to diarrhea.

Oily Solutions of Cocaine.

Cocaine in equal parts of almond and petroleum oil, while it is slower to begin, continues to act longer than the water solution. Two per cent is strong enough for nose and throat work. A five per cent watery solution with two per cent of sodium sulphate added acts better by reason of the penetrating power and solvent action upon globulins and proteids of the secretions encountered.—DR. WINGRAVE.

Cholera Infantum.

℞ Bismuthi Subnitrate.....1 drachm.
Listerine (Lambert's).....½ ounce.
Glycerini.....½ ounce.
Mistura Cretæ.....½ ounce.
Aq. Menth. Pip.....q. s ad.....2 ounces.
M. Sig.: One teaspoonful every two hours.

Nux Vomica.

Nux vomica used specifically becomes an invaluable remedy. Five drops of nux in half a glass of water, a teaspoonful every hour or two. In atonic gastric and intestinal troubles, tongue coated pasty yellow, pale; pale mucous membranes, nausea vomiting; acute pain in the small intestines; acute pain in the umbilicus, with pale circles around the mouth; general inactivity, indisposition, feebleness. These are the indications for this remedy. —*Chicago Medical Times.*

Typhoid Fever.

Dr. T. E. Darnelle, Carlos, Ind., finds that Cactina Pillets possesses decided cardiac tonic and stimulant properties. Uses it in cases of typhoid fever, on account of its tonic properties.

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A Tonic and Nerve Food

HORSFORD'S Acid Phosphate

A liquid preparation of the phosphates especially recommended for

Indigestion, Nervousness, Wakefulness, Mental and Physical Exhaustion, Impaired Vitality.

Upon request Physicians will be furnished with a series of prescriptions in combination with Horsford's Acid Phosphate.

To avoid substitution purchase only in original packages.

Rumford Chemical Works,

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TANNIGEN
INTESTINAL ASTRINGENT

LACTO-SOMATOSE
THE FOOD IN GASTRO-INTESTINAL AFFECTIONS

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The INTESTINAL ASTRINGENT and DISINFECTANT

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The ANTIGONORRHOICUM AND SUBSTITUTE FOR SILVER NITRATE

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The ODORLESS AND NONTOXIC IODOFORM SUBSTITUTE

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THE BEST ANTISEPTIC
FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE

Formula.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

Dose.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength or diluted, as necessary for varied conditions.*

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 36 quarto pages, embodying:

A TABULATED EXHIBIT of the action of LISTERINE upon inert Laboratory Compounds

FULL AND EXHAUSTIVE REPORTS and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both internal and external use; and particularly

MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A. B., PH. D., D. D. S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

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LITHIATED HYDRANGEA.

KIDNEY ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA, and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia, Albuminuria, and Vesical Irritations Generally.

WE have had prepared for the convenience of Physicians **Dietetic Notes,** *suggesting the articles of food to be allowed or prohibited in several of these diseases.*

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations, bearing upon the treatment of this class of diseases.

LAMBERT PHARMACAL COMPANY,
2101 LUCAS PLACE, ST. LOUIS.

RHEUMATISM.

DIETETIC NOTE.—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

Allowed.—Beef and mutton in moderation, with horse-radish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

Avoid.—Starchy and saccharine food; all malt liquors, wines and coffee.

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GLANCE at the achievements of nature's laboratory to accomplish the process of digestion will convince us that the attempt to artificially digest food is presumptuous. Imagine an artificial compound to fulfill the requirements of the digestive juices, containing ptyalin to convert the starches into glucose; pepsin and hydrochloric acid to convert the proteids or albumens into peptones; the pancreatic juice with its wonderful constituents of trypsin, amylopsin, steapsin and emulsin for the conversion of fats and oils, etc. Even if chemistry were so far advanced that we could synthetically build up such a compound, accurate in every detail, and that each constituent would maintain its identity until called upon for its particular duty, we still doubt whether it would be advisable to supply this deficiency rather than to encourage the glands to furnish this want themselves. To re-start the flow of digestive fluids seems of paramount importance in the treatment of chronic dyspeptics. R. H. NORMAN, M. B., B. S., L. R. C. P., in this regard says: "In chronic dyspepsia, where the chemical changes upon the food taken are very deficient, SENG gives me the happiest results."

SULTAN DRUG CO., St. Louis and London.

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Useful Items.

Calomel in doses of one-tenth grain, combined with a little white sugar, is a very valuable remedy in chronic diarrhea. Calomel is one of the best of gastro-intestinal sedatives.

The bisulphide of carbon poured on cotton in an open-mouthed bottle and held against the forehead will, it is said, promptly relieve nervous headache.

The addition of a small amount of white sugar greatly increases the solubility of borax.

Wine of colchicum in doses of five to ten minims, is useful in obstinate sciatica.

Slippery elm, infused in hot water, is excellent in throat diseases. It is especially valuable in obstinate cases of ptyalism, met with sometimes in the pregnant condition.

Obstinate epistaxis is often benefited by having the patient soak the hands and feet in water as hot as can be borne.

Ergotol for hypodermic injections is preferable to ergotin. In a recent case of hemorrhage from the bowels in typhoid fever, it acted promptly and well. Two injections were given of twenty minims.—F. W. CAMPBELL, M. D.

For A Black Eye.

Nothing is better than:

℞ Ammon. Muriat.....1 ounce.
Glycerini.....1 ounce.
Aquæ Bullient.....1 pint.
M. Sig.: Bathe frequently.

If you direct the patient to take little pieces of soft linen four inches square and folded twice; dip in this solution kept hot—not just warm, but hot—the swelling and extravasation will be quickly relieved. Boiling water acts well, but the above conditions add to its efficacy.—*Med. Summary.*

Nasal Discharges in Children.

Do not diagnose accessory sinus trouble before the sinuses are developed; remember that the frontal sinus is not developed until the seventh year; that the antrum, although developed early, is quite small until after the second dentition. and that the ethmoidal cells have not bony walls until the fourth year, and at that age they are quite small.—DR. COBBLEDICK.

Turpentine.

We have frequently given the symptomatology of turpentine; we give it again because it is generally overlooked, and exceeding important in some very common disorders. First, in excessive secretions of mucus, catarrhal discharges from whatever cause, especially if there be relaxed, enfeebled, atonic mucous membranes. It may be given with perfect confidence in all cases with these phenomena. Second, in gastric or intestinal inflammations, or in persistent fevers with dry, red, glazed tongue, dry mucous membranes, tympanites, with suppression of the secretions of all the gastric and intestinal glands.

It is also indicated by a steady distress or dull grinding pain in the abdomen, a sensation of hardness across the abdomen, with tendency to constipation, with general inactivity of the entire glandular structure of the gastro-intestinal tract.—*Ec. Review.*

Epistaxis.

One is occasionally called to stop an alarming epistaxis, and finds himself without any instruments or drugs with which he may go to work. Some of the following expedients will stop any ordinary nosebleed:

1. Have the patient chew a large wad of paper or rag vigorously.

2. Cut a cylinder from a sponge; moisten well, press out all the water, tie a string to the end, and pack firmly as far back in the nostril as possible.

3. If tannic acid is at hand, it may be blown into nostril from any tube: a pipe stem, a quill, a catheter, or even a roll of paper.

4. Ice to the back of the neck, and to the forehead.

5. Inject very warm water, if syringe be available.

For internal use, the best drugs are gallic acid, iron, hydrastis, ergot and calcium chlorid.—*Ex.*

Satisfactory Results.

Dr. A. W. Twitchell, Alton, Me., says: S. H. Kennedy's Extract of Dark Pinus Canadensis I have used in cases of gonorrhea and catarrh of the urethra and bladder with very satisfactory results.

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WINCHESTER'S SPECIFIC PILL

FOR

SPERMATORRHŒA

AND SEMINAL OR URINARY WEAKNESS.

Purely Vegetable. Direct and Powerful Action.

Tonic, Anti-Spasmodic, Relaxant, Febrifuge and Nervine.

I know of no remedy in the whole Materia Medica equal to your Specific Pill in Seminal or Urinary Weakness.—ADOLPH BEHRE, M. D., Professor of Organic Chemistry and Physiology.

We believe it to be in the treatment of Spermatorrhœa as near a Specific as any medicine can be. We have cured many severe cases with from six to ten boxes.

—B. KEITH, M. D., American Journal Indigenous Materia Medica.

DISPENSING SIZE, $5.00 PER BOTTLE. TO PHYSICIANS ONLY. TRIAL SIZE, $1.00 PER BOX.

On the receipt of 25 cents we will send a *twenty (20)* days' treatment to Physicians only, who will send card and mention this Journal.

Winchester & Co., Chemists, New York. ESTABLISHED 1858.

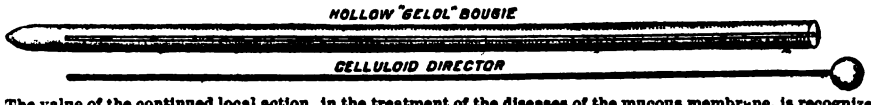
THE PIONEERS OF HYPOPHOSPHITE PREPARATIONS.

Physicians can insure NERVE TRANQUILITY for their female patients DURING THE MENSTRUAL PERIODS by prescribing

NEURILLA

in teaspoonful doses every hour until nervousness abates.

GELOL.



The value of the continued local action, in the treatment of the diseases of the mucous membrane, is recognized by all physicians. The "Gelol" Preparations fill all requirements of rapid solution, intimate mixture with medicinal agents neutral and aseptic qualities of the base "Gelol," and lastly, cleanliness and ease of application.

The Hollow "Gelol Urethral Bougie Director (Patent applied for), is an entirely new departure, superior to any other form of Bougie in the market. They are easily introduced and dissolve in twenty minutes, are non-irritating, aseptic, and can be made any length the physician desires.

FOUR DIFFERENT SIZES ARE KEPT IN STOCK.—6 in., 6 in., 3 1-2 in. (and 2 1-4 in. for females.)

SIXTEEN DIFFERENT FORMULAS.—Special Combinations Prepared at short notice.

(GELOL) GLOBULI VAGINALE. VAGINAL GLOBES.

The value of the "Gelol" Vaginal Globes is acceded by the most eminent gynecologists, and their superiority over the tampon is obvious. Pamphlet and specimen sent on application to DE MURRIT CHEMICAL CO., 109 W. 42nd Street, N. Y.

On receipt of 25c a sample box containing one-half doz. Vaginal Globes or one-half doz. Hollow Urethral Bougies with directors, will be sent. Also Glycerine Rectal Suppositories, 95 per cent. Glycerine in bottles of one-half doz., or 1 doz., $1.50 per gross. Endorsements and clinical reports sent upon application. Free advice given by our bacteriological expert on doubtful diagnosis.

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Treatment of Cancer by Quinine.

Jaboulay reports two cases of cancer treated by quinine. Both patients improved under the administration of one grain of quinine daily. One of them had cancerous ulceration of the axilliary lymphnodes. This was dressed by an ointment of quinine. The unbearable odor disappeared, it became an ordinary wound, and the swelling diminished. It is advantageous to suspend the quinine two days in the week, and give Fowler's solution. By quinine the pain is soothed, neoplasia is diminished, and it is antiseptic to the ulcerations.—*Southern Clinic.*

Acute Dysentery.

A very good formula for the average case may be outlined as follows:

℞ Magnesium Sulphate..... 1 drachm.
Spec. Tinct. Aconite .. .. 10 drops.
Spec. Tinct. Ipecac..... .....20 drops.
Aquæ.....q. s. ad..... 4 drachms.
M. Sig.: One teaspoonful every hour.

To lessen the pain in the rectum and violent tenesmus rectal injections of laudanum and starch may be used in order to give relief until the constitutional treatment has time to act.—*Amer. Med. Jour.*

Short Suggestions on Obstetric and Gynecologic Nursing.

The best non-irritating and promptly efficient enema is prepared as follows: Have a quart bottle three-fourths filled with hot castile soapsuds; add an ounce of castor oil, and emulsify by vigorous shaking; fill the bottle with soapsuds, and make the temperature 100° F.; add the yolk of one egg into which a drachm of turpentine has been thoroughly beaten; and shake well and inject at once. Cleanse the syringe well after use, or the oil will destroy the rubber.—*Med. Council.*

A Surface Stimulant.

A very useful stimulant to the external surface of the chest in place of the old-time mustard poultice, so uncertain in strength, is the application of cloths (woollen) wet with an infusion of capsicum of the strength of one drachm of powdered capsicum to one pint of water. If the infusion is hot, and cloths previously well heated, so much the more rapid will the stimulant action be.—*Clinical Review.*

Hair Dyes.

The *Medical Standard* gives the two following as a harmless hair dye for obtaining a black color:

℞ Bismuth Citrate.....1 ounce.
Rosewater ..... 2 ounces.
Distilled Water..... 2 ounces.
Alcohol ..... ½ ounce.
Ammonia Water, a few drops.
M. Apply in the morning.
℞ Sodium Hyposulphite ..... ½ ounce.
Distilled Water.....4 ounces.
M. Apply at night.

Before using any dye, the oil should be removed by washing with an alkaline carbonate or soap, after which it should be thoroughly dried.

Foreign Body in the Ear.

The rubber end of a pencil was extracted by teasing out the end of a small piece of twine, and giving this a good coating of glue, pushing it tightly against the India rubber, and packing it closely all around with cotton wool. This was allowed to remain in position for twenty-four hours, when there was firm cohesion, and not the slightest difficulty was found in withdrawing everything *en masse*.—DR. MACASKIE.

Menstrual Wrongs.

Dr. G. G. Roy, Atlanta, Ga., says: I use Aletris Cordial in amenorrhea and dysmenorrhea with much satisfaction. In several of these cases it has had a most wonderful effect.

Facial Neuralgia.

For facial neuralgia a solution of twenty grains of thymol in an ounce of alcohol containing two drachms of fluid extract of aconite is a most valuable local application. It should be painted over the painful area and covered by a cotton compress and oiled silk. The extremely poisonous character of the compound should be impressed upon the patient—and marked upon the bottle.—*Nursing World.*

Ophthalmic Use of Bromides.

Dr. J. B. Walker, Chicago, Ill., in treating diseases of the eye, frequently prescribes Peacock's Bromides with great advantage. It is a safe and reliable remedy for the nervous irritability which so often occurs in severe ophthalmic diseases.

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Doctor:

Did you ever think of the philosophy of a course of treatment by the Hypophosphites of Lime and Soda ?

It affords a most beautiful study in physiological repair. It is firmly based on Virchow's principles of cellular pathology.

When a plant is not thriving well the horticulturist treats it, not with medicine, but with its appropriate plant food. We should draw a lesson from this more often than we do.

Thousands of cases die every year, and thousands of others pass into hopeless invalidism, simply because the first perversions of nutrition are not corrected by supplying the system in abundance with the appropriate tissue food, As lime and soda are so abundantly found in animal tissues, and are necessary to unite with the organic elements in the formation of new cells, it must be evident that most of the departures from health are due to a lack of the proper proportion of these elements supplied to the tissues.

These errors of nutrition, if taken at the beginning, are quickly and easily corrected; but if they are allowed to go on until grave anatomical lesions are produced, or profound alterations of the nervous system are established, the cure must be slow and gradual, yet none the less sure if the treatment be continued.

A very important particular in prescribing the Hypophosphites of Lime and Soda is to secure their absolute chemical purity. This is secured and guaranteed in McArthur's Syrup. Its results are uniform and reliable. It is not filled up and complicated with the delusive irritant "tonics."

If at any time you want any other ingredient used it can be added to the prescription.

In McArthur's Syrup you get the chemically pure Hypophosphites of Lime and Soda. It is put up for use in physicians' prescriptions, hence has no advertising matter around the bottle.

☞Upon receipt of forty-five cents in stamps, we shall be pleased to forward, express prepaid, one regular bottle, one dollar size. Small sample and literature free.

THE McARTHUR HYPOPHOSPHITE CO.,

ANSONIA, CONN.

In Writing to Advertisers, Mention Medical Brief.

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Differential Diagnosis Between Fecal Impaction and Carcinoma of the Intestine.

FECAL IMPACTION.

1. Single, large, firm and globular in shape; or numerous, small, hard and nodular.
2. Usually not covered by mucous membrane.
3. Occupies lumen of the bowel.
4. Of doughy consistence and indentable.
5. Not attached.
6. Movable.
7. Occurs at any age.
8. No cachexia.
9. Odorless.
10. Comes on suddenly.
11. No previous history of pain or hemorrhages.
12. Not accompanied by discharge of mucus or jelly-like stools.

CARCINOMA.

1. Two or more dense, rounded tumors.
2. Covered by a mucous membrane except when ulcerated.
3. Projects into the caliber of the intestine.
4. Hard and non-indentable.
5. Attached.
6. Non-movable or slightly so.
7. In middle life and old age.
8. Cachexia.
9. Offensive odor.
10. Slowly.
11. Pain always, hemorrhages frequently.
12. Free discharge of mucus, and sometimes of jelly-like evacuations.

—*Post-Graduate.*

Capillary Bronchitis.

In the *Medical Bulletin*, Dr. Ephraim Cutter reports a case of capillary bronchitis in a girl of eight years, cured by the passive inhalation of nascent chloride of ammonia.

Pour a teaspoonful of liquor ammonia on an old towel. Then pour a teaspoonful of fresh hydrochloric acid on another old towel. With one towel in one hand, and the other towel in the other hand, briskly wave them in a small closed room containing the patient. If the chemicals are good, the air will be loaded with the snow-flake crystals of NH_4Cl, which, as aforesaid, will be passively inhaled by the patients in said room. This is an admirable method for newborn babes or adults who cannot swallow, or are too weak to breathe through an inhaler.

This treatment was carried out three times a day for a month, the patient improving all the while.

For Firemen's Cramp.

Dr. Willis Cummings considers this colic due to an excessive loss of fluids and solids, consequent on the profuse sweating, with a reflex vasomotor paralysis of the abdominal circulation, and a spasmodic condition of the muscles. In a crude way he attempted to estimate this loss, and to supply a water which contained a sufficient quantity of solids to supply the waste. To one gallon of water were added:

℞ Calcium Phosphate.....256 grains.
Sodium Phosphate.....256 grains.
Potassium Phosphate.....256 grains.

With an excess of orthophosphoric acid. Four ounces of this solution were put into nine gallons of water; to this was added some oatmeal and ice, if available. Each man was given a gallon of the acidulated water during four hours, the phosphates in solution amounting to three and one-half drachms. After this treatment was instituted, the cramps and colic immediately disappeared. The solution was very highly appreciated by the men, and it resulted in a diminution of the desire for alcoholics, so common among this class of men.—*Medicine.*

Olive Oil as a Food.

The use of pure olive oil as a food, with the meals, should be used by both the mentally depressed and the abnormally excitable. It helps nutrition and gives a gentle aid to elimination. If it can not be taken with food preparation, a teaspoonful or two can be taken regularly at the close of each meal.—*Medical Standard.*

Inactivity.

Dr. H. W. Leon, Geuda, Kan., having occasion to test Chionia in cases of inactivity of the liver, finds that he never before prescribed a remedy the action of which was so pleasing.

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Levico Cosmetic Treatment

Experiments conducted at the First Medical Clinic, Austrian University, have shown that Levico Water, properly used, exerts a decidedly salutary action on the skin, particularly that of the face, stimulates the growth of the hair and prevents its falling out, removes unnatural redness from the face and nose, cures facial blemishes, and checks affections of the mouth.

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As soon as applied, it forms a thin film over the lesion by coagulation of the albumin, thereby, as it were, replacing the skin with a protective covering which excludes the air and its attendant micro-organism. This property of Non-Irritating Astringency is peculiar to Unguentine. But Unguentine does more. Not only is it anaesthetic and antiseptic, but constructive as well—destroying proliferation of bacteria, stimulating cell growth and creating perfect formative principles of tissue. Its phenomenal record in healing extensive burns without suppuration or formation of eschar tissue is attested by all physicians who have used it.

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THE NORWICH PHARMACAL CO., Dept. "B,"

Norwich, N. Y.

The Sun.

WEDNESDAY, JUNE 5, 1901.

BURNS SET BANDAGES AFIRE.

Curious Case of Spontaneous Combustion After Wounds Had Been Dressed.

LOUISVILLE, Ky., June 4.—What is considered a remarkable case of spontaneous combustion is brought to light by Dr B B. Woody, who for several years has been dean of the Kentucky School of Medicine and for twenty years a professor of chemistry of that college. The report of the case comes to Dr Woody in a letter from Dr. R. C Wilson, a reputable physician of Seldler, Ky. In part the letter says.

"A child about a years old was burned on the extremities and abdomen by its dress catching on fire. The burns in each locality, being of moderate severity and strictly superficial, were not sufficient to have caused a fatal result. The burns were dressed in the following manner: First dusted with subnitrate of bismuth, then linseed oil was freely poured on and the parts wrapped in cotton batting and a sheet pinned around it snugly, and lastly a quilt was wrapped around this.

"The child was put to bed and instructions were given not to remove the dressing. The child complained bitterly all night long, the parents thinking that the suffering was due to the original burn. About daylight they saw smoke arising from the bed, but being very ignorant people thought it was the fire leaving the burn, and did not remove the dressing until later, when the child was dying. Upon removing the dressing they found the nicer aspect of the sheet was scorched, the cotton batting was burned almost entirely up over the abdomen and still smouldering.

"The child was burned into the intestines in three places and died in a few moments. There was not the least evidence of the remotest possibility of the second fire originating from the outside, and there was absolutely nothing used but the bismuth and linseed oil."

Dr Woody gives the following explanation:

"Under the circumstances it must have been spontaneous combustion of the linseed oil. The bismuth subnitrate and cotton, divided finely, distributed the oil and exposed a large surface to the action of the oxygen of the air. The warmth from the body added to the heat and hastened the oxidation, and the covering confined the heat until the oxidation became an actual combustion."

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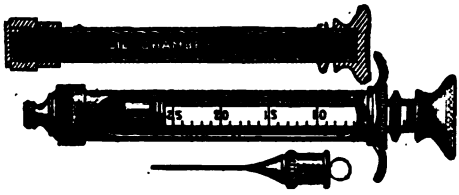

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Dysentery.

In treating dysentery, I meet three indications: First, to antagonize the poison; second, allay the pain by checking excessive number of actions; third, dieting or sustaining patient, as you please.

The first indication I meet by the exhibition of calomel, twelve grains; podophyllin (if patient be not feeble), one grain; salicylate of soda, six grains; bismuth sub. nit., one drachm. Mix and divide into three powders. Give one powder every hour.

After this recipe has cleansed bowel, I begin with—

℞ Carbon Bisulph..... 1 drachm
Ess. Menth. Pip.. ..... 10 drops.
Aquæ.....q. s. ft..... 8 ounces.

M. Sig.: Shake, allow to settle, give a teaspoonful in water every hour.

In about ninety-five per cent of the cases the second indication is met by the carbon. In fact, when I first began its use, I was considerably alarmed by the rapidity with which it checked the actions, and remember distinctly of drenching several patients on salts, etc.—*Louisville Med. Jour.*

Going to Bed Hungry.

This is a relic of the misconception of the laws of hygiene following physiological investigations in the early part of the last century. Man is the only animal who was ever foolish enough to voluntarily go to sleep while hungry. Judging from the advice now given by thinking physicians, the practice will soon become a mere tradition.—*Diet and Hygienic Gazette.*

To Control Lactation.

Belladonna internally, in tincture, and externally, in ointment, will quickly dry up lacteal secretion after the death of the child or after a miscarriage. If physiologic effects appear, discontinue medication for twenty-four hours, and resume treatment.—*Med. Council.*

Uterine Weakness.

Dr. C. A. Goshen, Petaluma, Cal., uses Aletris Cordial for menorrhagia and dysmenorrhea, and finds it an invaluable remedy as a uterine tonic. In uterine troubles it will give satisfaction to those afflicted with such diseases.

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Effect of the Weather on Health.

The relation of climatology to health and disease is no new subject. Hygiene and meteorology have for a long time been known to be co-related to an important degree. In fact, atmospheric influence upon health is mentioned in ancient history. Over four thousand years ago, the frequency and fatality of diseases during the manifestations of certain atmospheric phenomena were noted and attributed to arbitrary punishment from heaven.

The following propositions are generally held to be true: A preternaturally dry air, with a high temperature, predisposes to the development of fevers and intestinal disorders.

A very moist atmosphere, accompanied by a low temperature, is likely to induce bronchial and rheumatic affections.

In summer and autumn the tendency to sickness and death is chiefly connected with digestive organs.

In summer and autumn a rise of mean temperature above the average, increases the number of cases of, and the mortality from, diseases of the digestive organs.

A cold and rainy summer controls the prevalence and fatality of diarrheal diseases.

Diarrheal diseases become epidemic when the subsoil temperature at a depth of four feet below the surface reaches 56° F. for the season.

The physiological effects of climate embrace the degrees of humidity, fogs, cloudiness, sunshine, force and direction of wind, purity of atmosphere, and the quality and energy of all the meteorological influences.—*Ohio Sanitary Bulletin.*

Chronic Articular Rheumatism.

℞ Liq. Potassii Arsenitis.....1 drachm.
Potassii Iodidi.....4 drachms.
Sodii Salicylatis.....5 drachms.
Syrupi Sarsap. Compos.....1½ ounces.
Aq. Menthæ Pip.....q. s. ad....4 ounces.

M. Sig.: One teaspoonful in half glass of water after each meal:

Or:

℞ Potassii Iodidi.....2 drachms.
Vini Colchici Sem.....1 ounce.
Tinct. Opii Camph.....1 ounce.
Tinct. Stramonii.....8 drachms.
Tinct. Cimicifugæ.....q. s. ad.....4 ounces.

M. Sig.: One teaspoonful three time a day in water.

—*Jour. A. M. A.*

Cramps of the Legs.

Dr. John McDonald, after discussing the causation of cramps, their relation to the valveless condition of the inferior vena cava, and consequent great hydraulic pressure, to constipation with its pressure on the iliac veins, and to the gouty diathesis leading to the deposit of urates in the muscles surrounding the congested veins of the legs, says that in the remedial treatment of cramps, the attention should be directed mainly toward (1) the relief of constipation; (2) the removal of the uric acid toxine; and (3) the establishment of a better nutrition.

It is obvious that for this purpose, an effective cholagogue agent is of the first importance to stimulate cellular action of the liver; increase its normal secretions, and initiate peristalsis; and that, combined with an appropriate uric acid solvent, the circulation of the blood may be quickened, while at the same time its subalkalinity may be neutralized and oxidation increased by the removal of the toxine mainly responsible for the abnormal condition.

A more active interchange having thus been established between blood and tissue, the former being better enabled to perform its function of removing poisonous waste, the nutrition of the latter becomes improved, and the third indication is fulfilled. The author records a case of obstinate cramps treated successfully on these lines.—*Northwestern Lancet.*

Bromides for Children.

The bromides are better sedatives than chloral in most children's diseases, and children bear massive doses. An infant of two months can safely take two grains every three hours till effect is produced, and a year old child will bear three to five grains nicely at like intervals.—*Med. Council.*

Jaundice.

Dr. A. L. Scott, Montgomery, Ala., reports more than ordinary success in the treatment of a severe and complicated case of jaundice with Chionia. Thinks it is one of the very best preparations known for troubles of this kind.

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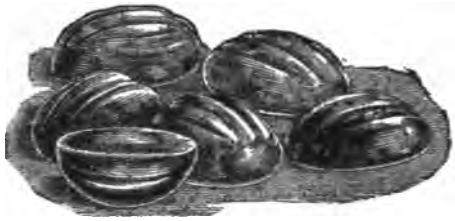

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The Jujube base of these Pastilles is at once very soothing and palatable, and the local action of the drug is enhanced by the slow rate of solution of the Jujube by the saliva. This ensures a more pronounced therapeutical effect than when the ordinary lozenges and pastilles are used.

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" 22 Red Gum 2 grs.
" 23 Eucalyptus 1 gr. Gum, ½ min. Oil.
" 24 Cocaine 1-20 gr.
" 24a Cocaine 1-10 gr.
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" 28 Compound Guaiacum Guaiacum 1 gr., Chlorate of Potash 2 grs., Red Gum ¾ gr.
" 29 Rhatany 2 grs. Extract and Cocaine gr. 1-10.
" 32 Red Gum (2 gr.) Chlorate of Potash 1 gr.
" 38 Chlorate of Potash 2 grs., Borax 1 gr., and Cocaine 1-20 gr.
" 41 Eucalyptus Oil 2 minims.
" 43 Menthol 1-20 gr.
" 43a Menthol 1-10 gr.
" 44 Menthol and Cocaine aa. gr. 1-20.
" 45 Menthol gr. 1-20 and Rhatany gr. 2 Extract.
" 48 Tannin ½ gr., Cayenne, and Black Currant.
" 52 Tannin ½ gr. and Black Currant.
" 54 Menthol gr. 1-20 and Eucalyptus 1 min. Oil.

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[Written for the MEDICAL BRIEF.]

Hysterical Paralysis, Its Diagnosis and Treatment.

BY THOMAS D. SAVILL, M. D., LOND., M. R. C. P.,
Physician to the West End Hospital for Diseases of the Nervous System, Welbeck Street, London, London, England.

Hysterical paralysis is certainly one of the most frequent forms of paralysis met with in practice, and its diagnosis sometimes offers one of the most difficult problems which the physician can be called upon to solve. The reason of this is the close clinical resemblance which some cases have to organic disease of the nervous system. So exactly, indeed do some cases of hysterical paralysis copy or "mimmic" cases of organic disease, that the late Sir James Paget suggested the use of the name, "Neuro-mimetic" paralysis, instead of hysterical paralysis. I have elsewhere* attempted to explain the reason of this close resemblance, and it is, briefly stated, because the same anatomical part of the nervous system is affected in the organic and functional cases respectively. This, I think, can hardly be disputed, and it is one of the facts upon which I rely in proof of the hypothesis which I have put forward as to the nature of hysterical lesions (*vide loc. cit.*). The lesion is, in my belief, a vaso-motor one, a dilatation or contraction, as the case may be, of the arterioles, accompanied sometimes by exudation, in the part of the nervous system, the function of which is affected. Just as subjects of the hysterical diathesis are liable to attacks of flushing, or pallor of the surface of the body, so also are they liable to attacks of flushing or pallor of various parts of the nervous system. The data on which this hypothesis is founded have been given elsewhere.

My first case, Eliza R., aged forty-two, is a good illustration of the disastrous effects on the progeny of alcoholism in the parents. Among her antecedents there is, as far as can be ascertained, no record of any organic or functional disease of the nervous system, but her mother died in an asylum from alcoholism, and her

*Clinical lectures on neurasthenia, hysteria and other neuroses, published by Glaisher, Wigmore street, London, 1900.

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father was much addicted to drink. The patient had eight brothers and sisters who died of consumption before reaching their twentieth year. She has only one brother and one sister alive, and the sister is said to suffer from "nervousness" and "fainting attacks." Thus she illustrates two of the most potent hereditary causes of the hysterical diathesis, viz., alcoholism and consumption.

Her own history is a most instructive one, and serves to exemplify many of the manifestations of the disorder. The patient as a child is said to have been "excitable" and "mischievous," and very troublesome at school. At the age of fourteen she went into service, and curiously enough seems to have been free from symptoms in her early years, for she remained eleven years in her first situation. Her nerve symptoms began at the age of twenty-eight (1882), when she entered the Lambeth Infirmary for "paralysis," and remained there for two years.

During that period she had attacks of "unconsciousness" once or twice a week. In one of these attacks the unconsciousness is said to have lasted a month, and she tells us that she was "laid out as dead."

In all probability these attacks of unconsciousness were catalepsy or trance. At the end of two years she was sent to Leavesden Asylum, but only remained there for six weeks. She then kept fairly well for two years, but at the age of thirty-two she went into Paddington workhouse, where she had a series of convulsive attacks, which became more and more frequent, until, we are told, there was sometimes only an interval of "ten minutes between them."

During these fits she lost consciousness, and the convulsive movements appear to have been of a purposive kind, such as are met with in hystero-epilepsy, for on one occasion she bit "her own fingers," and had to be "tied in bed." These fits were followed by "loss of power" in the limbs, chiefly on the left side, and "loss of feeling" on the left side.

She recovered, however, for a time, but, when she was thirty-three years of age (1887), she was frightened by a dog. This occurrence was followed by numerous and frequent fainting attacks. In October, 1887, during one of her fainting attacks, she fell from the top of the staircase to the bottom, and was "unconscious for an hour." On regaining consciousness, all the left side was "stiff" and "paralyzed," and she was conveyed to St. Thomas' Hospital in a cab.

There was rigidity of the left arm and hand at that time, there being only a little free voluntary movement of the shoulder. The left leg was rigid at the hip and knee, though the ankle was not quite stiff. There was anesthesia and analgesia of the left half of the body, excepting only the sole of the left foot, the conjunctiva, and part of the abdomen. The left side of the tongue and mouth were anesthetic, and both sides of the palate and pharynx also. Smell was lost on the left side; hearing alone was normal. Vision was almost completely gone on the left side, and was only present in the temporal half in the right field of vision. After the patient had been in St. Thomas' two or three days, the anesthesia began to shift, but she never quite lost it. She remained in the hospital for some weeks, and was discharged only partially relieved.

The next year (1888) she was admitted into St. Mary's Hospital with much the same condition of affairs. I have reason to believe that the contracture and the anesthesia on the left side which she has now, and which commenced at the time of the fall downstairs, have persisted with very little modification ever since. It will be observed how enduring hysterical symptoms may sometimes be, though they may vary considerably, as in this case, in the interval from day to day.

When she came under my care, in March, 1896, she had paralytic stiffness and anesthesia of the whole of the left side of the body, and all the other symptoms very much as they were in 1887 and 1888. She improved considerably afterwards, and I believe that the change was largely due to hypnotism. On April 14, she was hypnotized for the first time, and the rigidity became at once considerably reduced. The procedure adopted was to throw the patient, by fixing her gaze, into a state of lethargy. Then by stroking the limbs, they became flaccid, and after she

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awoke they remained flaccid, for about an hour. On three successive occasions the same procedure was adopted, and, in addition, the plan of post-hypnotic suggestion was employed, the patient being forcibly assured while in the hypnotic state, that her limbs would completely lose their rigidity and regain their power.

The result on each occasion was a gradually increasing period of recovery, and there was at last only a vestige of her former stiffness and paralysis remaining.

I did not see her for some months, and then found that the anesthesia, paralysis and rigidity had reappeared to some extent and shifted to the right side. The sensation was now entirely absent from the right side, and there was stiffness and weakness in the limbs of that side while those of the left side were quite normal. The diagnosis of this case is pretty clear. The hysterical nature of a case is generally recognized by four features. First, there is an absence of the other signs of organic disease; for example, though this patient's sight was seriously affected, there was nothing in the nature of optic neuritis. Secondly, in hysteria, the symptoms are nearly always inconsistent with a single organic lesion.

To account for the hemianesthesia in this patient, she must have a complete interference somewhere in the sensory tract within the encephalon; the sensory tract passing through the posterior third of the posterior limb of the internal capsule, close to the leg fibers. Therefore, somewhere between the cortex and the spinal cord there should be a lesion involving all these sensory strands also, and this would produce a permanent hemiplegia, differing considerably from this case. Again, to account for all the symptoms by structural disease, there must be lesion also of the first cranial nerve, the second cranial nerve, and of the fifth. In other words, there must be a large number of scattered organic lesions to account for all the symptoms. The third means of detecting hysterical manifestations is by certain special features which attach to the various hysterical symptoms themselves, and thus distinguish them from the same symptoms when arising from organic disease. If it be anesthesia, or rigidity or paralysis, each has its peculiar character, and one of the most frequent characteristics in any of these is a suddenness of advent dating very often, as in R's case, from a fright or emotional shock. There is, however, nothing more characteristic than the hemi-anesthesia of hysteria, and this case is very complete in this respect.

The chief characteristic of hysterical anesthesia is that it involves the special senses, as well as the cutaneous sensation; and, further, that it affects the mucous membranes. Pharyngeal anesthesia is often present, as it was in this patient, at one time, and it seems to me probable that anesthesia of the bladder is the cause of hysterical retention of urine. Again, the anesthesia in hysterical subjects is apt, from time to time, to shift its position spontaneously from side to side, as it has done several times in the history of this patient.

Sometimes it may be made to shift by artificial means, though we are not often fortunate enough to have cases like those in France, in which, by placing magnets near the patient, the anesthesia is shifted. The hemi-anesthesia in this patient was right-sided, but is more often on the left side. M. Briquet, who was, perhaps, one of the greatest observers of hysteria before the days of Charcot, states, in his work on the subject, which is unfortunately out of print, that in eighty-five per cent of the cases the hemi-anesthesia is left sided. The characters special to *hysterical paralysis* are somewhat variable, but there are a few rules which are worth bearing in mind. (1) It is more often of sudden advent than not, or at any rate, it comes on in a few days, never slowly over a course of weeks or months, as organic cases not vascular in origin do.

I bear in mind the case of young lady who suddenly fell down in front of me while going out of church one day, and who subsequently came under my care, when I found she had been suddenly attacked in this way by hysterical paralysis of both legs. Hysterical paralysis dates, like most of the other symptoms, very generally from some emotional shock or overstrain of the nervous system, and there is nothing more calculated to produce emotional disturbance than religious exercises.

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(2) As regards the part most frequently involved, hemiplegia is the most common, and here, again, the left side is, I find, three times more commonly affected than the right. Next in order of frequency comes hysterical paraplegia, in which case one leg is sometimes more involved than the other. One or both of the upper limbs are sometimes affected; the face very rarely. (3) The degree of paralysis is very variable, but it is more often incomplete, and should be called, rather, paresis than paralysis. (4) It is apt to *vary in its severity* from week to week, sometimes from day to day. This is quite consistent with its long duration, several examples of which will be mentioned shortly. (5) It may be flaccid or rigid, but in my experience, is more often attended by rigidity, as it was in this case, and in the case of the young lady I have just mentioned. The deep reflexes are very often exaggerated. (6) The paresis is generally accompanied by some changes in the sensation—anesthesia, hyperesthesia, "pins and needles," or actual pain.

The fourth means of diagnosing hysterical disorders is by the presence in the patient or her history of the hysterical "stigmata," to which I have already referred. It must be borne in mind that there are three characteristics which seem to belong to all these individuals, and which stamp them as being subjects of the hysterical *diathesis*.

Firstly, a vaso-motor irritability or unstability, as evidenced by the ready way in which they "flush" or develop erythematous blushes. Secondly, a reflex irritability, as evidenced by the briskness of their superficial and deep reflexes, and thirdly, the paroxysmal or variable character of all their vital phenomena.

In addition to these, I mentioned certain hysterical *manifestations*, which constitute, from their frequent occurrence, the stigmata proper. It will be remembered that there were four which are very constantly met with. Firstly, emotional attacks. Secondly, the complex sensation which may terminate in some kind of attack, and which is known in France as the "ovarie," and in England as "ovarium tenderness," though it will be borne in mind that it occurs in hysterical males as well as females. Thirdly, alterations of common sensation, which may be overlooked, and fourthly hysterical syncope or fainting. All seven of these characteristics or symptoms in one form or another were present in this patient, R.; and when she is "nervous," her skin becomes covered with a number of crimson marks, which spread over the surface, and were then shortly followed by sweating (sometimes) and pallor (always). In order to elicit these symptoms, it does not do to ask the patient leading questions, but if patients do not come voluntarily complaining of them, a little judicious questioning will invariably elicit them.

A word in conclusion about this patient's field of vision. With the left eye she is still hardly able to see, and there is very considerable concentric retraction. The field for *blue* is smaller than the field for *red*, the converse of normal, and a feature which Charcot was the first to reveal in hysterical cases. I have recorded several similar cases.*

The etiology in this case presents several points of interest. Her neurosis is generated by inheritance, and, in the first place, she illustrates the difference between inherent and acquired heredity. There is, as far as we know, no inherent neuropathic heredity; it has been acquired in her generation by the alcoholic excesses of both her parents. How potent this has been is shown by the fact that two out of three children living, the patient and her sister, are certainly affected, and the third may or may not be, for she knows nothing of her brother.

Secondly, it will be observed, that eight out of the eleven children died of consumption, and this leads me to remark that tuberculosis is often a factor in an acquired neurotic heredity when combined, as in this case, with another cause.

Thirdly, traumatism was a determining cause, for it will have been observed that her most severe attack, which lasted on and off for nearly nine years, was provoked by an injury. In that fall she struck her head, but we have no precise particulars on that point. It is not a point of much importance whether the right

*Cases of neuropathic spinal disease, St. Thomas' Hospital Report, Vol. XVII.

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side of her head was struck in her fall, because we know that the contracture and hemi-anesthesia on the left side were not due to a hemorrhagic lesion. They were due to the shock which accompanied the injury, as in all such cases.

Indeed, and this brings me to the fourth point, some emotional shock, such as grief or terror, can almost always be elicited as the determining cause of hysterical manifestations, and it will be remembered that the first series of symptoms in her illness were produced by a fright from a dog, just as the fright caused by falling downstairs doubtless played an important part in producing the second series.

But, it is a fact not always sufficiently recognized, that an injury may determine hysterical manifestations, and that it may also determine the seat of these symptoms, just as an injury to a limb may determine both the outbreak and the seat of an attack of gout. The prognosis of this case is bad for recovery, because of the age of the patient, the long duration of the symptoms in spite of treatment, and the squalid conditions of her home. We have relieved her to some extent, but the symptoms are now returning on the other side of the body.

Another instance of the fact that hysteria is not confined to the middle and upper classes of society will be seen here. This patient is almost destitute, and she has every motive for keeping well. She is extremely devoted to her children, who are uncared for when she is ill, or cannot use her legs and hands.

Let us turn for a moment to the subject of *treatment*. The best ways of treating hysterical manifestations, such as those before us, in their order of importance, are (1) isolation, (2) massage, and (3) over-feeding. Of these, isolation, the removal of the patient from sympathetic friends and relatives, is certainly the most important measure. This must be done thoroughly, and no communication, messages or letters, must be allowed. No half measures are any good. If this be thoroughly accomplished, and if, also, the patient be completely *removed from the circumstances* under which the morbid condition arose, half the battle is fought. If to these we add a liberal dietary, kind treatment, and the promotion of the general nutrition by massage, the most intractable cases will generally yield. These, alas! are not possible for the patient whose history I have narrated.

Galvanism, which acts chiefly on the involuntary tissue of the body, is an additional aid, and I have had several cases which have been cured by this means alone. Spinal galvanism, either as a stimulant (ascending) or as a sedative (descending) of the reflex spinal centers, is especially indicated in certain cases, especially where the stomach is deranged. Faradism is useful, possibly by restoring to these patients the motor image in the brain by producing voluntary muscular contraction.

My patient derived most benefit from hypnotism. It is only right to add that she had also been treated by ammoniated tincture of valerian from time to time, and ammonium bromide, but no advance was made until the hypnotism was started, when the recovery, for gradually increasing periods of time after each sitting, was very marked. Bromide is useful for the restless, sleepless, irritable cases; valerian is a useful remedy as a kind of stimulant for cases where weakness, attacks of palpitation or syncope, prostration, and the like, are prominent features.

The next case is that of a young woman, Jane W—, aged twenty-seven, the subject of hysterical paraplegia, who will, I fear, never get cured as long as she remains at home among her sympathetic relations. She always came to see me walking on crutches, which she appeared to need, for when left to herself, her progression is extremely difficult. Two years ago she had an attack of shivering, which she attributed to "a chill," but which really supervened on an *affaire du cœur*. Three days after that, she had pain and stiffness in the legs, and *suddenly* lost the power in both of them. A month later, the right leg got well equally suddenly, but the left leg has remained stiff, and almost powerless ever since. She also presented hyperesthesia of this leg, and small patches of anesthesia elsewhere, but not very markedly. The patellar reflex was considerably increased in the affected limb. In my ex-

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perience, it is more often increased than not in cases of hysterical paralysis.

This patient had ammoniated tincture of valerian, bromide of ammonium, and the faradic brush was applied about once a week to the left leg. She is somewhat better; but I am bound to confess that there is very little change since she first came under my care, now about twelve months ago. The left leg was half an inch less in circumference than its fellow, and this was possibly accounted for by disuse. The patient could tell us when this wasting came on, and it cannot, therefore, be regarded with certainty as hysterical atrophy. Here again, this case shows that hysterical manifestations are not always of an evanescent character.

Concerning the *pathology* of these two cases, both of them present in a very marked degree all those six clinical features which I have mentioned as being common to all hysterical manifestations, and as being capable of explanation only on the supposition that hysterical phenomena are due to vaso-motor disturbances (localized congestion or ischemia), occupying certain situations in the nerve centers.

How otherwise are we to explain the scattered distribution of the symptoms; and how else could we explain, in the first case, the sudden onset, after a fright, of the hemiplegia and hemi-anesthesia, the very moderate, though variable degree (albeit of long duration) of the paralysis, and its final transference from one side to another.

How otherwise could we explain the strange transference of a similar condition under the influence of a magnet, such as they observe in France. Many, I know, are inclined to doubt this occurrence, or rather to doubt its genuineness. But I have, in Professor Charcot's clinique, seen many of these cases, and fully satisfied myself of their reality. Moreover, the explanation is now, in my opinion, obvious, for, if emotion can produce flushing or pallor, in one place, why not in another? I believe the effect to be mainly emotional, but inasmuch as some experiments with non-magnetized iron failed, I am prepared to admit that the magnetic condition of the iron (immense magnets were used) may have had some influence on the electrical condition, and therefore on the functions of the abdominal sympathetic.

Before concluding, I should like to say a few words about *hysteria in the male*, which is comparatively rare, though by no means unknown. In the course of my experience at the Paddington Infirmary, I met with between twenty and twenty-five cases. One of the most remarkable of these was the case of Thomas G—, aged twenty-nine. His arm remained rigidly bent at all the joints for two and a half years. He had had hystero-epileptic fits, sometimes of very great severity, for five years, and it was after one of these that the arm became paralyzed. He also had segmental anesthesia of that limb up to the limit of the shoulder—that is to say, it ends at the level of a line drawn circularly around the limb, just above the shoulder joint.

These cases of hystero-epilepsy are very rare in England. At the time when this one was published some years ago in the "Clinical Society's Transactions."* I could not find any recorded cases of hystero-epilepsy in English literature. The fits he had were extremely violent, and were characterized by four stages—tonic rigidity, clonic rigidity, purposive movements, and delirium. He remained in the Paddington Infirmary under my care for upwards of a year. Bromide had but little controlling influence over the fits, which continued to occur, the slight ones almost daily, the severer ones every week or two. He was a difficult patient to manage, and one day he took his discharge in dudgeon. But soon after this he was admitted into another infirmary, whence, owing to his violence, he was sent to an asylum. There the paralysis was thought to be due to a focal lesion of the brain, and accordingly they opened the head opposite the arm center, but no gross lesion was found, and the cranium was closed again. The patient, however, was relieved from his fits for some considerable time.

Another case of hysteria in the male was that of a greengrocer, J. H—, aged fifty-five, who was admitted into the infirmary on June 7, 1889, for paraplegia of twenty-four years' duration. He appeared

*"Clin. Soc. Trans.", Vol. XXII.

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at first sight very ill, and wore a most distressed, unhappy look, an aspect which he never lost, and which was in keeping with the gloomy view he took of life.

He told us, in a whining tone of voice, and with much detail, that his illness dated from an injury which he had received to his right ankle, twenty-four years previously, that his right leg had become paralyzed since, and that his left leg had become paralyzed since then. All his life he had suffered from headaches, had been very "nervous," and "easily put out." He had been lately subject to attacks of "hot flushings," followed by "cold shivers" and "trembling." In other respects his previous and family histories were negative.

On further examination we found that he had a flaccid paresis of both lower extremities; there was no paralysis elsewhere, but there was marked wasting of all the muscles of the lower limbs, especially of the right leg. On lightly tapping the tendon of his knee, a violent and widespread reflex movement was produced, and, by increasing the force of the blow, he could be jerked right out of his chair. Repeated slight blows were followed by transient stiffness of the whole limb. This is a condition which has been described by Charcot under the name of *strychnism*,* that is to say, an extremely exaggerated condition of the deep reflexes.

The condition is probably due to a hyper-excitability of the gray matter in the anterior horns of the cord. It is probably this same hyper-excitability which gives rise to the increased knee-jerks, observable in the great majority of cases of hysterical paralysis, whether the limbs be flaccid, as in this case, or rigid as in two of the cases you have already seen. This man was cured by the three means I have already mentioned, and although he had been paralyzed for the long period of twenty-four years, he left after a few months' treatment in the infirmary quite well and strong, to resume his work.

Hysteria in the male differs somewhat from the disease as it occurs in the female in *five* respects. In the first place, direct heredity seems to play an even more prominent part in hysteria in the male than the female. In male hysterical patients, careful inquiry very rarely fails to elicit a history of hysteria, generally on the mother's side. Some deny *direct* heredity any part in the causation of hysteria in the female.*

Secondly, male hysterical subjects are almost always of the melancholy type. The sombre expression on the faces of most of the subjects of male hysterical subjects is an evidence of this. Males suffering from this disorder never exhibit the exuberant spirits, nor that alternating tendency to gaiety which women do. They seem rather to be perpetually bearing on their shoulders all the cares of christendom, just as did my unhappy patient, H—, without intermission for twenty-four years.

Thirdly, the symptoms of which they complain, whatever they may be, have a greater tendency to permanency. There is undoubtedly, in most hysterical symptoms in the female, a tendency to evanescence, to change both in character and degree, and to pass away rapidly, though often only to return. But in men, as a rule, they are more enduring.

Fourthly, in the etiology, traumatism as a determining cause, more often figures in the histories of male subjects, and determines both the outbreak and the seat of symptoms.

Lastly, as regards the *prognosis* of hysteria in the male, since this depends, in general terms, on the duration of the symptoms, and is also worse in the melancholic than the joyous type, and, further, is less favorable when there is a marked history of direct heredity, it is certainly much less favorable on the whole in the male than in the female.

In conclusion, the chief difficulty in the diagnosis of hysterical neuro-muscular phenomena is the distinction from organic lesions. Nevertheless, it is of the highest importance, because the prognosis and treatment are so diametrically opposite in the functional and organic cases. However, if the four clinical features which I have mentioned be borne in mind, I think

* "Clinical Lectures on Diseases of Nervous System," Vol. III, pp. 87, 113, 119. New Syd. Soc. Publication.

* See Hilton Fagge's Principles and Practice of Medicine.

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the task will be rendered easier. The absence of definite physical signs of an organic lesion; the inconsistency of the symptoms with one another; the incompatibility of all the symptoms with a single organic lesion; the special characters attaching to the leading symptoms of the case; and, finally, the presence of some, at least, of the hysterical stigmata, will generally enable one to come to a conclusion.

In nearly all the cases which I have narrated, tnese tests could be applied, and they form some guide to help us in the difficult task of diagnosis, though it has always seemed to me that Pope's reference to woman—

"And yet, believe me, good as well as ill,
Woman's at best a contradiction still,"

Might be more properly applied to hysteria, for the various symptoms are so protean, so apparently inconsistent and contradictory.

On the other hand, it must not be forgotten that an organic lesion may arjse in a hysterical subject. The danger of confusing such mixed cases with purely functional ones, can only be avoided by a thorough systematic examination of the case.

[Written for the MEDICAL BRIEF.]

Pulmonary Tuberculosis.

BY DRS. PENNEBAKER & TRIPP.

Pleasant Hill, Ky.

(Continued from page 864.)

In children, an early sign of the tubercular condition, considered in connection with faulty nutrition, a doubtful family history, and unhealthy surroundings, is a general enlargement of the lymphatic glands of the body.

There sometimes exists a swelling in the breasts of male consumptives that is related to pulmonary disease. There is no deposit of tubercule, the breast becomes swollen throughout and has the character of a dish. The skin covering the gland does not exhibit any changes in color, and the subjacent connective tissue is unaffected. After one gland becomes enlarged the opposite organ may be affected. Pain is experienced in the affected gland, and may radiate around the thoracic wall. This pathological condition is especially liable to occur on the side the lung is most diseased, or where pleuritic attacks are notably present.

The swelling is regarded as due to congestion, the result of irritation from the central disease.

After lasting from one to several months, the swollen mamma returns slowly to its normal size.

The consumptive individual is never willing to give up; they are always hopeful.

Diagnosis.—A long training and more or less constant and varied experience is necessary to recognize the disease at its earliest periods. We may have no expectoration early, consequently we have no source to seek for germs.

Yet this early irritation and consequent infiltration, involving possibly only a small lymphatic gland at first, surrounding itself more and more with consolidation, is probably always tuberculosis. The existence of enlarged lymphatic glands in various parts of the body, a peripheral polyadenitis, may afford considerable assistance in making the diagnosis of tuberculosis in children. The peripheral polyadenitis may be observed as young as fourteen and fifteen months. The phenomenon of the peculiar odor of the breath of tuberculous patients is of diagnostic importance, as it early indicates the occurrence of morbid processes in the lungs. To exclude error, cleanse the mouth and teeth.

Medicinal measures have in some cases great diagnostic value. The iodide of potash has a peculiar action. In the incipient stage, when there are no râles or blowing murmurs detected at the apex of the lung, small doses of the drug gave, in a few days, rise to the appearance of the wanting signs. The salt seemed to stimulate secretion, especially in the neighborhood of dead tissues, thus producing râles. In cases negative to physical exploration, the ingestion of iodide of potash produced distinct signs of localized reaction. Creasote possesses greater diagnostic value in tuberculosis than tuberculin (Koch). In suspected cases subjected to the test, the creasote induces disappearance of the

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tuberculous symptoms, if the disease does not exist. Ability to support a large dose of creasote in consumptives is a strong sign of a tendency to recover, with prospects of a cure.

In cases where the history and the physical signs were not clear enough to warrant a diagnosis of tuberculosis, a bacteriological examination was of great value, especially where phthisis was masked by bronchitis or emphysema. This means of making an absolute diagnosis consists in submitting the sputum to a microscopical examination for the bacilli tuberculosis, which found, emphatically and unmistakably stamps the disease.

It may be of value to consider the sputum microscopically, from a differential diagnostic standpoint.

In bronchitis, or in cases where there exists a pulmonary cavity, and especially in cases of bronchiectasis, we have the largest quantity of sputa, unless contaminated with vomited matter, the sputum is always alkaline. Mucous sputum usually occurs early in acute bronchitis. Mucopurulent sputum is found in chronic bronchitis and in phthisis, or in the later stages of bronchitis and pneumonia. Purulent sputum (nearly pure pus), indicates a cavity or an empyema.

Serous sputum is fluid; it contains albumen and is frothy. It is characteristic of edema of the lungs. Sometimes the sputum is greenish, owing to pigment or stain produced by the green pus germs in the expectoration from the bronchi and cavities. Coal soot makes a black or grey sputum. Fibers and pieces of lung tissue indicate a cavity; fibrinous casts indicate fibrinous inflammations. These are frequently found in croupous bronchitis.

In all cases of bronchial or lung disturbance (not due to a known cause), that do not yield to treatment, the sputa should be examined for the bacillus tuberculosis. To incline towards conservative data, however, it is well to remember that the bacillus tuberculosis has been found in the spittle of perfectly healthy men, and has been conspicuous by its absence in cases dying with the lesions of tuberculosis. The bacilli have a greater diagnostic value than was at first supposed; they are present in greater numbers in the sputum than in the lung structures, proof that the sputum is a better nidus for it than the lining tissues. Moreover, they are always present in greater numbers in the febrile cases, than in those which run a febrile course, or rather in the stage of pyrexia than that of apyrexia, in the same case. They accumulate by myriads in cases near the end.

It is in these bad cases that the bacilli have overflown the tissues of the lungs to inundate the whole body.

There are cases where a differential diagnosis between tuberculosis and typhoid fever is impossible, if we depend upon the subjective or objective signs.

In six hundred cases of pulmonary phthisis, there were found thirty-one with fistula. Many theories have been invoked as to the clinical connection between anal and pulmonary tuberculosis. The latter is very common; the former not so in connection with it.

Prognosis.—Phthisis in a certain number of cases tends to recover from its own limitation, in patients under observation who had no medical or hygienic treatment. Hopefulness, with a consumptive patient, amounts to a monomania, which the physician may utilize. It is well known that a very small percentage of deaths from phthisis occur in the first attacks. Hemoptysis, laryngitis, pleurisy, and perineal fistula, are not unfavorable. It is unwise to make a prognosis favorable where complicated with disorganization of vital organs. Success in treatment must depend upon the ability of the measures to control the fever.

The peculiar odor of the breath of the tuberculous patient is a sign of unfavorable prognostic significance; it is often present when the destructive process is not marked. It is most always an associated manifestation of disseminated broncho-pneumonic consolidation.

In sections where the soil is damp and the atmosphere is heavy at all seasons of the year, the death rate from consumption is usually very high.

The best results, when the evidence of consolidation were present, have been obtained in those who have staid from one to three years in mountain regions fif-

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teen hundred to two thousand feet above the sea. The death rate is in direct ratio to the suspension of atmospheric influence.

The prognosis can be made absolute by an examination of the sputum. The number and development of the bacilli—that is, richness in spores, stand in direct relation to the progress of the disease. As the disease improves, the number of bacilli diminishes, to disappear entirely when the patient recovers, or what is more frequent, again becomes latent. Pulmonary consumption as well as other forms of tuberculosis is subject to recovery at certain stages and under certain conditions.

Prevention of tuberculosis.—In patients who had arrest of phthisis all had climate changes, somewhere out of the air of crowds and towns. We can prevent the inception of phthisis, but it will require diligence and a special education. Our education must commence with the infant and stay with him through life. Physical training is assuredly necessary; we should engage in continuous physical culture for perfect development. Perfect development brings freedom from tuberculosis. An individual that has a deformed and badly developed chest, needs to be especially careful not to expose himself to tuberculosis. Culture of vocal music in the schools is one of the means of preventing phthisis. It is a known fact that those nations which are given to the cultivation of vocal music are strong, vigorous races, with broad, expansive chests. There is too great a tendency to sacrifice physical health upon the altar of learning. Vocal music is gymnastic exercise of the lungs. The instructor of vocal music, in addition to his musical education, should understand the anatomy and physiology of the respiratory organs. The idea of exercising a consumptive for strength is a fallacy of the worst type. Because in health exercise gives strength, therefore, the invalid must derive the same benefit. The invalid in his exhausted state lives from hand to mouth, for he consumes all his force which he obtains from his food in carrying on the functions which are necessary to an existence.

Exercise.—It assists to overcome the difficult expansion of the chest and bring air to part of the lungs which were more or less inactive. How many are there who observe a respiratory diet? We distinguish three methods of breathing, viz., shoulder respiration, the most important; costal respiration, depending upon elevation of the ribs, and abdominal respiration, the most extensive, as the descent of the diaphragm sets about three-fourths of the lung into activity. The apices are the least ventilated portion of the lungs, and shoulder respiration requires a certain position of the body. All nomadic tribes are full breathers.

If we could prevent the tuberculous from marrying, it would lessen formidably the list of diseases we have to cope with; intermarrying should be resisted because engendering in the offspring intense susceptibility. Men and women should not procreate their kind while the bacillus tuberculosis is found; especially so is this with regard to women marrying, who should never think of submitting themselves to gestation or parturition when suffering even with the mild form. Coitus between spouses should be considered dangerous, one of whom is afflicted with tuberculosis. Tuberculous mothers should not suckle their young. By far the greatest source of infection is consumptive human beings; but fortunately, the ways in which the contagion is disseminated are but few, and by intelligent care they may be effectually controlled. All articles of toilet used by the consumptive should be carefully avoided. We can limit to a marked degree the spread of this most widely prevalent and fatal of all diseases, consumption, by rigid cleanliness, ventilation, destruction of the sputum, and isolation of the patient. The careless consumptive patient is a source of infection and danger to all persons who come much in proximity to him. The expectoration spat at random becomes dried, pulverized, and floated in the air, which cannot be inhaled without danger. Never should a healthy person sleep in the same room with a consumptive; such a room should be in the lower story of a house. Such patient should be isolated, and should share their sleeping rooms, pro-

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vided they be large and well ventilated, only with patients sick with the same disease. Patients must get indoors before the dew falls, or before darkness, and keep out of rains, fogs, and other damp conditions of the atmosphere. They must change their lives from one sedative to an active career.

Statute law might endeavor to bring the disease under quarantine, to-wit:

1. The registration of all cases which have arrived at the breaking down or infective stage.

2. The education of the people at large in hygienic preventives.

3. The careful disinfection of all infected houses, institutions, etc.

4. The establishment of special hospitals.

5. Government inspection and regulation of dairies, abattoirs, etc.

6. The enactment of ordinances forbidding practices as a result of which others may be infected.

7. The restriction and regulation of interstate and international emigration of persons suffering with the disease.

8. The retirement of persons in the infective stages from occupations in which they can inflict others, and the pensioning of those who cannot be maintained in hospitals.

The education of children of tuberculous parents is a very serious problem. The inheritance is strong towards tuberculosis, and the object of the education is to get rid of it. The climate that is best to raise such children, is that climate where phthisis is most infrequent, and which is found most beneficial to persons in whom the disease has already sprung up.

(To be continued.)

Catarrhs.

As a general remedy in the treatment of all kinds of irritated mucous membranes, nothing gives me more satisfaction than hydrastis. As a local treatment in most cases of catarrh, I want nothing better than equal parts of non-alcoholic fluid hydrastis, glycerine and Listerine, accompanied by such general treatment as may be indicated.—*Chi. Med. Standard.*

[Written for the MEDICAL BRIEF.]

Hereditary Features.

BY A. J. VIDAL, M. D.,
Gainesville, Florida.

I give the following "facts" for the benefit of R. N. B., M. D. (page 734, May number MEDICAL BRIEF). My wife and I both have brown eyes, usually termed black eyes. We have four children. The first, a girl, has brown eyes, like ours. The others, two boys and one girl, have light eyes, blue at birth, turning more or less gray later.

My ancestors were all French, and, as far as I know, all brunettes. My wife's parents both had light eyes, grey, like those of our children. As to complexion, father, blonde, but mother with dark hair. Of her brothers and sisters, most of them, like herself, have light hair and complexion, but dark eyes. Some have light hair and complexion, with light eyes, either blue or grey; others, again, have dark hair and eyes. My hair is, or rather was, black, but none of our children have other than light brown hair.

Therefore, I say most emphatically, that dissimilarity as to color of a child's eyes to its parents' eyes is a "fact," perhaps a rarity, but nevertheless a "fact," which precludes its use as an argument, *pro* or *con*, in a disputed case.

[Written for the MEDICAL BRIEF.]

Pruritis Vulvæ.

BY W. REAR, M. D.,
Detroit, Mich.

I so frequently see the question in medical journals, "What is the best palliative for pruritus vulvæ?" and never having seen it satisfactorily answered, and knowing the horrible torture so many women suffer from the disease, I give you what, in my hands in thirty-eight years, has never failed to give immediate relief. Have known several who have gone insane from long continued, intolerable "formicans."

℞ Hyd. Bichlor.....1 grain.
Aquae.....2 ounces.
M. Sig.: Wash every two hours.

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[Written for the MEDICAL BRIEF.]

The Lymphatics of the Peritoneum.

BY BYRON ROBINSON, B. S. M. D.,

Professor in Chicago Post-Graduate School of Gynecology and Abdominal Surgery; Professor of Gynecology and Abdominal Surgery in The Harvey and the Illinois Medical Colleges; Gynecologist to Woman's Hospital, and Consulting Surgeon to Mary Thompson Hospital, Chicago, Ill.

(Continued from page 1009).

CONCLUSIONS.

The peritoneum absorbs and secretes fluids. Solids will pass through it, especially the diaphragmatic portion, held in liquid suspension. In experiments, the absorption is more manifest than the secretions, unless special fluid, known as hypertonic solution is employed.

As to structure in the peritoneum, we have (a) the flat, smooth, nucleated endothelial cell, which has a hardened portion of protoplasm, the cover-plate; (b) the interendothelial space in which are located (c) the stomata vera, (d) the stomata spuria.

The stomata vera are apertures situated at the common junction of several endothelial plates. They lead into the subserous lymph spaces. They are lined by polyhedral, protoplasmic granular nucleated cells, which stain highly with Ag.

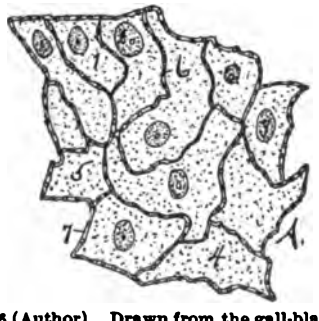

Fig. 86 (Author). Drawn from the gall-bladder of a toad. 1, 2, 3, large pale nuclei; 4, 5, endothelia, which are characteristic of the shape of endothelia situated on very expansive and congested hollow organs, *i. e.*, rounded and irregular borders. 6 and 7 point to the interendothelial lines, which are very narrow in this specimen. Under 1/15 oil immersion lens it dissolves into two very closely parallel lines, with a row of bead-like white spots situated between them. The cover plates are immeasurably thin.

NO_3. The typical location of stomata vera are on the serosa of the centrum tendineum. We attribute to the stomata vera dilation and contraction, a control of fluids by means of sphincter. Some consider the stomata vera as centers of regeneration of endothelia to take place of dying comrades.

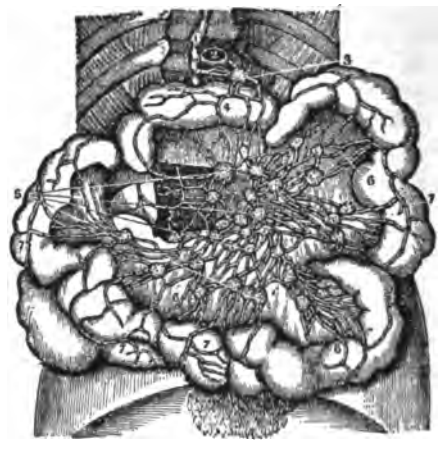

Fig. 87 (Homer, 1851). A view of the lymphatics of the small intestines, dead from ascites.

The stomata spuria are structures located in the linear interendothelial space. Some consider such structures as lymphoid corpuscles (Virchow), others connective tissue cells projecting upward between two endothelial plates (Oedmansson), others as white corpuscles emerging between the cells, and still others as artificial products. By actual observation I know some are leucocytes passing from the subserous to the serous cavity.

The interendothelial space appears under the action of one-fourth per cent Ag. NO_3, to consist of two dark parallel lines crossed at short, irregular intervals by transverse protoplasmic anastomotic processes. The two parallel lines are on the borders or edges of the two adjacent cover-plates, while the transverse processes are on the protoplasmic projections which bind into colonies the endothelial cells. I have compared the double linear interendothelial space to a railway in which the two parallel lines represent the rails and the transverse process the ties.

In experiments, the chief fact to observe is that fluid disappears from the peritoneal cavity.

The mechanism of peritoneal absorption must be studied structurally and functionally or hystologically and physiologically.

The physiology of the peritoneum must be sought in the interendothelial space

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through its dilatation and contraction. The cover-plates are, perhaps, not engaged much in physiology. The hard, indurated metamorphized protoplasm of the cover-plate aids chiefly in a mechanical way to facilitate motion when aided by the visceral fluid secreted through the interendothelial space. However, the cover-plate doubtless plays a role in osmosis.

The paths of absorption of peritoneal fluids are either by way of the lymphatics (*i. e.*, interstitial spaces) or blood vessels. The author claims that the fluid is first absorbed by the interstitial spaces.

The peritoneum in the dead animal will absorb fluids similarly to the living for many hours after death. I have proved this definitely up to thirty-six hours, and quite probably up to seventy hours. The animals absorbed during life in thirty minutes as high as ten per cent of the body weight; thirty minutes after death they absorbed six per cent of the body weight in thirty minutes.

The forces which are said to induce peritoneal absorption of fluids may be enumerated as follows: (a) Vital cell forces; (b) stomata; (c) imbibition; (d) filtration; (e) intra-abdominal (mechanical pressure; (f) osmosis.

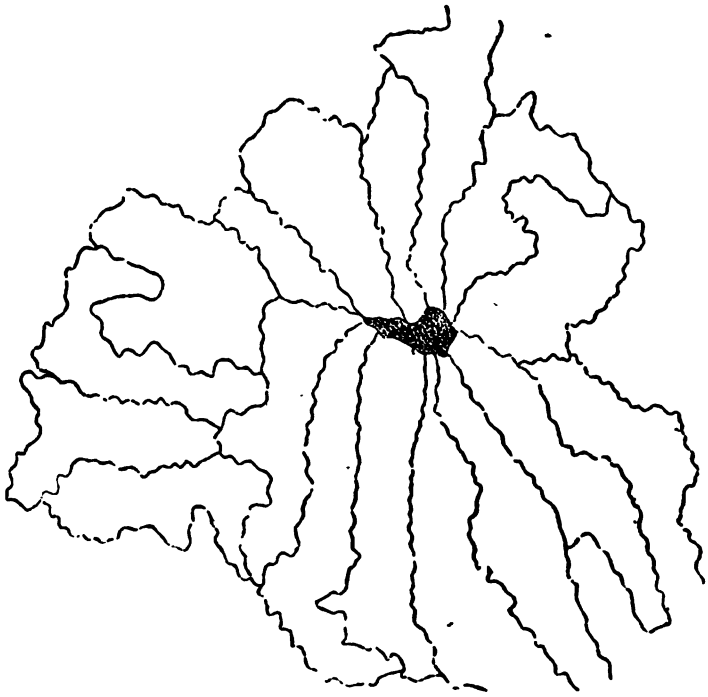

Fig. 88 (Nikolsky, 1880). Frog's abdominal parietal peritoneum. It represents a stoma verum surrounded by eleven endothelial cells.

The chief demonstrable locality of the absorption of finely divided granules of matter suspended in fluid is in the region of the diaphragm. The vast interstitial spaces or lymphatic channels in the diaphragm become rapidly filled with the fine particles of matter a few minutes after the material is injected into the peritoneum.

The colored granules are carried into the spaces free, by fluid currents, but also by one or more leucocytes.

There is a stream of fluid in the peritoneum flowing toward the diaphragm.

The most significant factors are, perhaps, osmosis and filtration. In experiments on the peritoneum, to test its absorptive or secretory powers, solutions of certain standards are used, and known as hypotonic, isotonic or hypertonic. Isotonic solutions have the same osmotic pressure as the blood. They range, according to different authors, from 0.72 per cent to 0.92 per cent Na. Cl. solution. Hypertonic solutions will be less than 0.72 per cent Na. Cl. solutions. Hypertonic solutions

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will be above 0.92 per cent Na. Cl. solution. According to the law of osmosis, hypotonic solutions, *i. e.*, below 0.75 per cent Na. Cl. solution, should absorb rapidly, which they do. The isotonic solution, *i. e.*, 0.72 per cent to 0.92 per cent of Na. Cl. should not absorb at all, or but slowly. Hypotonic fluids do not absorb by attracting fluids from the blood. In my experiments, this was generally the case.

Because chemic or thermic injuries do not stop peritoneal fluids from absorption, because the dead peritoneum absorbs fluids many hours after death, we must in all probability exclude "vital forces," the cells as a process of absorption. However, Thoma claims that the surface of the vascular endothelia possesses a secretory power.

Imbibition, molecular or capillary, being of a limited process, does not account for the large volume of fluid the peritoneum will absorb.

Filtration comes under mechanical or intra-abdominal pressure.

As the stomata are disputed structures, space is too short to discuss them here. The structures shown as stomata are not disputed so much as their interpretation. In regard to later writers, Kolossow and Muscatello deny the existence of stomata, Beck, Notkins, Klein, and others, assert with equal vigor their existence. The doubting investigators seem to simply make different interpretations of such structures.

Stomata vera are vertical canals, lined by granular polyhedral protoplasmic cells, which directly connect the peritoneal cavity with the sub-peritoneal lymphatics.

The peritoneum is a lymph sac, a membranous expansion of a portion of the lymphatic system. Its origin is due to fluid pressure and independent motion of viscera and body wall.

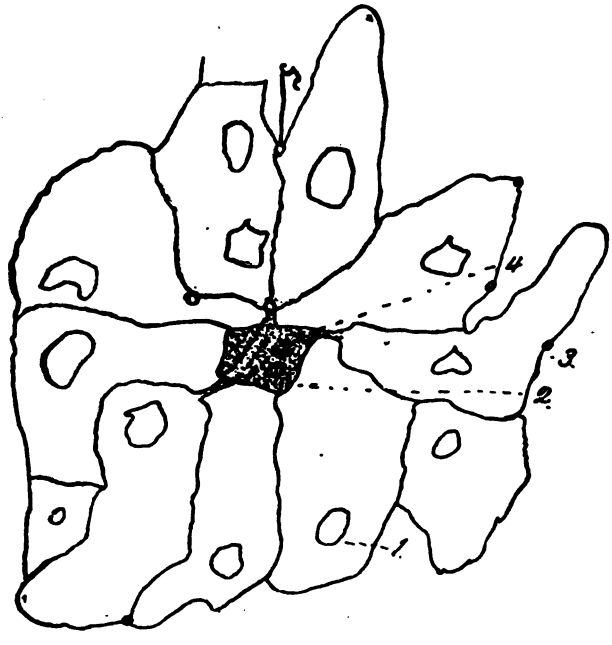

Fig. 89 (Author). The lymphatic cysterna magna of frog. 1, cell nucleus; 2, stoma verum; 4, nucleus of cell lining the stoma verum; 3, endothelial cell. Note the grouping of nine endothelial cells about the stoma verum.

Its endothelial plate rests on a vast lymph bed, consisting of valveless interstitial spaces and valved lymphatic channels and lymph capillaries.

With but slight exception, the lymphatics of the peritoneum empty into the thoracic duct (lower).

In mammals, the chief and characteristic lymphatics of the peritoneum lie in the diaphragm and centrum tendineum. The lymphatics of the diaphragm, vast in ex-

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tent, terminate in two posterior trunks, which empty into the thoracic duct, just above the diaphragm, and into two an-

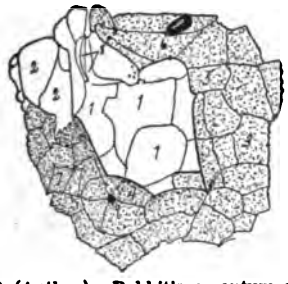

Fig. 90 (Author). Rabbit's omentum majus. A lymphatic space surrounded by germinal endothelia. 1, 1, 1 and 2, 2, lymph capillary sinuses; 3, 4, 5, 6, 7, germinal endothelia; 9, closed stomata verum. 1, 1 and 2, 2 are voculated, giving rise to lymph sinuses, which increase by repeating the vocules and finally become lymph channels. Note how the endothelia enlarge as they recede from the lymph sinuses 1, 1 and 2, 2.

terior trunks which accompany the internal mammary arteries.

It is on the diaphragm (1861) where Von Recklinghausen first observed the disappearance of mink globules (and other matter) in whirls and eddies through the stomata and serosa of the centrum tendineum.

The turtle (amphibia) is one of the best animals to show vast interstitial sub-peritoneal spaces, and also large peri-vascular spaces. The turtles' peritoneum shows typically that the blood vessels lie either

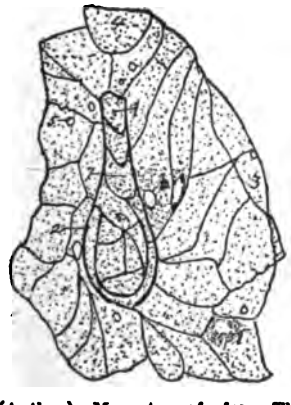

Fig. 91 (Author). Mesentery of a frog. This sketch represents a nodule of a germinating endothelia, cells elevated above the surface. 1, the stalk of the nodule; 2, growing nodule; 7, one of the granular endothelia of the nodule; 6, the nucleus of the common surface endothelia; 3, common surface endothelia. The nodule is protoplastic in character.

in the interstitial spaces or peri-vascular spaces, never in contact with the serosa of the peritoneum. The structural fact plays a significant role in rapid and primary absorption, and indicates that the interstitial spaces are apt to absorb the first excess of fluid in the peritoneum.

The lymphatic system of the subperitoneal tissue consists of (a) interstitial

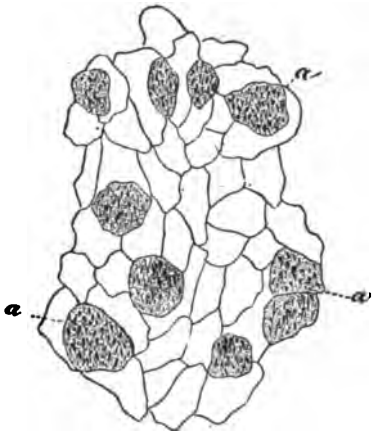

Fig. 92 (Nikolsky, 1880). Endothelia from a frog's pylorus. a, Nikolsky's protoplasmic bodies. They are stomata vera on lymph channels lined by protoplasmic, granular, polyhedral nucleated cells, which heads from the peritoneum to the subperitoneal lymph channels.

spaces, (b) lymphatic capillaries, and (c) valved trunks.

The fluid in the interstitial spaces consists of (a) the fluid transuded from the blood capillaries, (b) the fluid minus the material required to nourish the cells, and (c) the effete material of the living tissue.

Ligation of the thoracic duct retards distinctly the absorption of peritoneal fluids (in my experiments about twenty minutes).

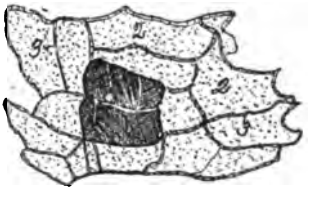

Fig. 93 (Author). Hen's diaphragmatic serosa. (Oc. 4, obj. 8a.) 1, stoma verum closed with six granular polyhedral cells surrounding its mouth; 2, 2, common endothelial cells; 3, 3, double inter-endothelial lines. This stoma verum, with a large number of other stoma vera, lie in a distinct row between the tendons of the diaphragm.

Ligation of the thoracic duct retards the transpiration of salt from the peritoneal cavity through the circulation into the bladder about twenty minutes.

With free or non-ligated lymphatics, salts become transported from the peri-

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toneal cavity through the circulation into the bladder in seven minutes.

With the recognized rapidity of peritoneal absorption in extensive and dangerous hemorrhage, peritoneal injection of normal salt solution might save life.

The rapid fluid absorption by the peritoneum teaches against irrigation in laparotomy, from the fact that the germs would become widely and rapidly distributed, especially through the diaphragm.

Fig. 94 (H. for Phys. Lab., 1873). Mesentery of dog, prepared with gold chloride, showing the distribution of sympathetic nerves to a blood vessel, a, b, forming a nerve plexus around it.

White blood corpuscles appear to be continually passing into and out of the peritoneal cavity.

The function of the leucocyte may be tested by the injection of fluid containing solid particles in suspension into the peritoneal cavity. A few minutes after such fluid is injected into the peritoneum, the leucocytes begin to swarm on the surface of the peritoneal endothelia. By observation in different stages of the experiments, one may note the leucocytes distinctly beneath the cover-plate in various positions in the interendothelial space. Occasion-

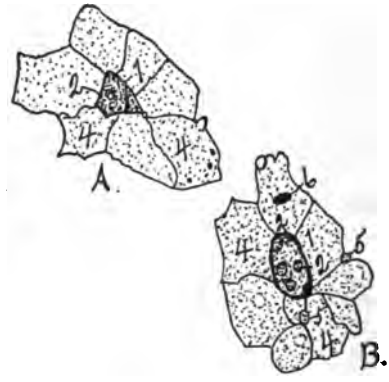

Fig. 95 (Author). Two endothelial groups drawn from two places in a horse's mesentery. 1, 1, in A and B, point to stomata vera; 2, 2, in A and B, point to the nuclei of the granular cells which surround the stomata; 4, 4, in A and B, are endothelia; 5, 5, stomata vera; 6, black point on endothelial cell. In B, it appears that the stomata vera are peeking up through the endothelia, or they are shimmering through it.

ally we may note either end of the middle portions of the leucocytes clamped between the adjacent borders of the cover-plates, or finally the leucocyte may be seen on the peritoneal surface.

The function of the leucocytes seems to be (a) to surround the foreign body and transport it into subserous lymphatics; (b) to bury the foreign body; (c) to digest it, or (d) to sterilize it by imprisoning and isolating it by exudates. If one leucocyte be unable to bury a foreign body, many will come to the aid.

Whatever tends to induce migration of one leucocyte seems to call out swarms of leucocytes.

Fig. 96 (Author). Drawn from the stomach of a toad to show the variation of shape of endothelia over an organ of wide contractile and expansive powers. It indicates that the endothelia rapidly adjust themselves to environments. Note double interendothelial lines crossed by protoplasmic processes. The nuclei are not shown. Drawn in oil immersion 1/15.

The leucocyte acts like a body guard to the peritoneum. At a moment's notice (irritation) the swarms of leucocytes

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emerge to protect invasions against the peritoneum, viz., by digestion, imprisonment, transportation or sterilization of the foreign, by its vegetable germ or inorganic particle.

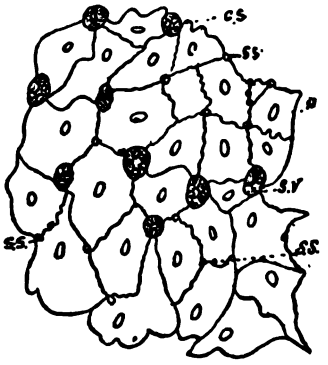

Fig. 97 (Author). Drawn from rabbit's omentum. The rabbit was killed by ether, the abdomen was carefully opened, and in situ the omentum was brushed with cotton on a tooth pick, after which distilled water was poured on. It was then stained with one-half per cent of Ag. NO_3 for four minutes and mounted in glycerine. cs, stomata spuria; sv, stomata vera open.

The membrana limitans is a thin, ground-glass-like membrane, resembling the wall of a soap bubble, on which the peritoneal endothelia rest. Brushing the endothelia off, leaves a pit-like depression in it.

The membrana limitans, or basement membrane, is found to be perforated by numerous apertures on the diaphragm (centrum tendineum) only, and this anatomical fact serves as physical or mechanical explanation why the chief, and perhaps only, locality of the peritoneum which absorbs solid particles held in liquid suspension is the diaphragm.

The enormous activity of the diaphragm in absorption makes it an intensely dangerous locality for infectious invasions.

The dangerous areas in peritonitis are these places of active absorption, and the diaphragm and small intestines—for absorption and infection kills, while peritonitis (exudates) saves life. The benign areas, the safe areas of peritonitis, are those areas of slow absorption where exudates form. The benign areas of the peritoneum are those of the large intestines, *i. e.*, the pelvic splenic, the appendicular and gall-bladder region. The dangerous area is that of the small intestine.

The vast, loose and shifting and spongy bed of snow white connective tissue, on which the peritoneum rests, especially in the dorsal region, endows the peritoneum with an elastic accommodation for the movement and shifting of organs. It serves as a sifter to lessen trauma. It is endowed with much capacity to circumscribe and tolerate local infectious material.

The capacity of the subperitoneal tissue to split and resplit into fine, smooth planes allows the infectious fluids to move in many directions for accommodations and escape. The fluids penetrate in the direction of least resistance, which is well recognized by clinicians as to the movement of pus in the pelvis and psoas muscle.

The histology of the subperitoneal tissue teaches why the viscera can shift as in visceral ptosis. The displacement of the viscera seems to be chiefly checked by the two factors (a) the blood vessels (arteries) and nerves and (b) the membrana mesenteric propria.

The automatic power of the peritoneum to secrete the proper amount of fluid to facilitate motion of viscera is a very delicate physiologic process.

A difference in function between an endothelial and an epithelial cell, is that an epithelial does not normally secrete albumen, while an endothelial cell does.

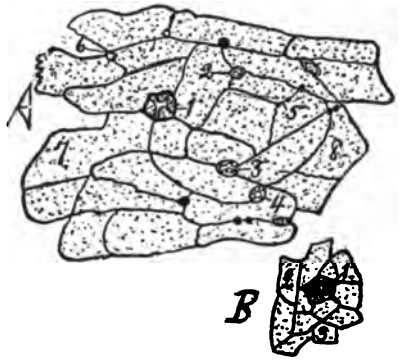

Fig. 98 (Author). A new born human omentum, showing stomata vera and spuria. 1, 2, 3, 4, stomata vera; 5, stoma spurium; 7, 8, surface endothelia; B, from foetal pig (two month's old), peritoneal surface of diaphragm; 1, stoma verum; 2 and 3, endothelia.

Epithelial and endothelial cells are both alike bound in colonies of protoplasmic processes.

If the peritoneum be silvered very lightly for a short time, say, one-fourth per cent, for a minute, it can be re-sil-

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vered, and also treated with other reagents, fixing or coloring it.

The peritoneum may be viewed as a joint of vast physiologic activity.

Endothelium varies in shape and kind, according to the organ on which it is lo-

Fig. 99 (Author). Human omentum of woman 30 years old, dead thirty hours. 1, 1, common endothelia. The germinating and common surface endothelia require a different microscopical focus. The germinating is elevated above the surface. 4, show vaculolation which will result in a lymph sinuses.

cated. In general it is more regular in outline if it be on an organ which is quiet, *i. e.*, if it rests on an unmovable base it is quite regular in shape and outline. If the endothelia rest on a movable base, as many of the viscera, the endothelia take a shape which elongates in the direction of expansion and contraction. In the vessels, however, the endothelia are elongated in the direction of the fluid stream. On the expanding and contracting bowel, the endothelia generally elongate in a direction transverse to the fecal current, *i. e.*, transverse to the bowel. Thus very great irregularity of fluid expansion, and the indefinite direction of its current at various periods. The endothelia over the ovary assumes a germinal character. It assumes a columnar shape. Germinating endothelia in general are not so felt or squamous as the common peritoneal endothelia; are smaller and rounder in outline than the adjacent endothelia. The endothelia over the kidneys are comparatively uniform in size, and hexagonal in contour.

The peritoneal is equal in area to that of the skin. Its absorptive power is far greater than the skin.

The peritoneum has a limited power to resist septic germs. At present we have no standard by which the power may be measured. The power to resist septic germs is slightly different in different animals. The peritoneum of the pig, rabbit, and cow resist considerable quantities of septic organisms. The mare's peritoneum is so sensitive to septic germs, that laparotomy on her is almost always fatal. The dog and man are about equal in their power to resist peritoneal invasion of pathogenic germs. Some, however, claim that the peritoneum of the dog resists more than that of man.

The peritoneum presents the most favorable conditions for healing.

The different degrees of vulnerability in the peritoneum, in all probability, rest on its close relation to its lymphatic structure.

The peritoneum is peculiarly sensitive when inflamed. The nerves of the peritoneum are vast in extent and number. They are (a) medullated; (b) non-medul-

Fig. 100 (Author). Dog's gastro-splenic omentum, 3 months old. The darkly shaded area is germinating endothelia. 1, 1, surface endothelia; 2, 2, germinating endothelia; 4, 4, stomata vera. The germinating endothelia project above the common endothelial surface. Great numbers of germinating patches lie adjacent to this.

lated and (c) various forms of terminations, as the Vater Pacinian corpuscle. The kitten is one of the best animals to demonstrate the peritoneal nerves. Acetic acid and gold chloride are the best reagents.

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The numerous terminations and vast area of nerves in the peritoneum account for the profound shock which is intimately and closely associated with the caliber of vessels, controlled chiefly by the sympathetic nervous system. Reflexes from the peritoneum are most profound on distant viscera.

Peritoneal surface lessens with ascending scale of mammalian life. Man has, proportionately, the least amount of peritoneum of mammals. Man's omentum majus (mesogastrium) is much smaller than that of many mammals.

Through ages of evolutionary processes of infective invasion, the pelvic splenic, appendicular and gall-bladder region (the region of the large intestine), has acquired a physiologic immunity which resists the infectious germs, in the common regions of peritonitis. Repeated inflammation has obliterated the lymphatics. It appears that the lymphatics are less in the region of the colon, hence the benign region of peritonitis. The lymphatics are more numerous in the region of the enteron or small intestines, hence it is the region of absorption, the fatal peritonitis.

(Concluded.)

[Written for the MEDICAL BRIEF.]

Decay of the Teeth and Disease of the Gums.

BY FRANK EATON BURNETT, D. D. S.,

Chicago, Ill.

(Continued from page 1021.)

From early youth we have to do with decay of the teeth and disease of the gums, both easily prevented, as we shall show, as they are but a condition of uncleanliness.

Nature forms the teeth with curves, planes and crests, and locates them in such position relative to each other, that the passage of food over the various surfaces, together with the movement of the tongue, lips, and cheeks, produces a natural condition of cleanliness. This condition is modified in proportion to abuses, habits, faults from youth, and the influence of modern diet.

It may not be generally known that decay is ever repeating itself in exact and certain parts of each tooth; it does not happen miscellaneously over the tooth's surface. The enamel is so hard that decay can not penetrate it in a day or a week. With this knowledge of the places liable to decay, and the time necessary to penetrate the armor (enamel) of the tooth, the dentist of the future will have as his mission to prevent the dissolution of the tooth substance by the decay germ. His object will be to check the colonization of the decay germs at the favorable places they seek to locate; these are the deep fissures or pits in the teeth and the spaces between the teeth and at the gum margin. Normally the space between the teeth is filled with gum tissue, supported by a little spine of bone arising from the jaw. From prodding with a toothpick or from the sting and poison of debris this little spine recedes, the gum follows, leaves the enamel, where thinnest, also the root, exposed, and the space between the teeth open for the lodgment of foreign matter. Of all decay, the most destructive is found at the gum margin, particularly because it is, as a rule, permitted to ravish unnoticed.

From the soil accumulating and fermenting between the teeth, a little pocket or depression in the gum is formed; this is increased by food stuff crowding in and bruising it, or through picking with a toothpick. It is a very, very painful and disastrous condition, and in the later stages does not invite correction.

If a tooth be extracted, the opposing one immediately begins to emerge from the socket because of the lack of antagonism, the membrane which maintained it in place becomes thickened, and true inflammation exists. This membrane between the root of the tooth and the bone of the jaw, conveys the sense of touch; its health is largely dependent upon the health of the gums, if the latter be inflamed, the condition is reflected to this membrane. If the irritant be great enough, this root covering membrane becomes swollen, the tooth necessarily is raised in its socket, and being bit upon, responds with pain equal to that of an exposed nerve. Thus, one will notice disease of the gum is as common and painful, and as much to be avoided as decay.

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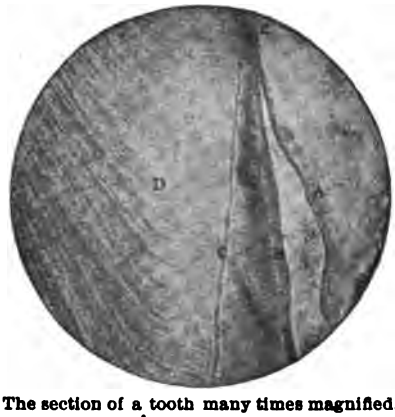
Almost the entire care of the mouth, if begun early enough, and carefully observed, will come under the head of cleaning.

Those who have had that terrible disease of the gums known as pyorrhea, would gladly have had this protection and prevention. Pyorrhea is a disease resulting from the deposits upon the teeth underneath the gums. The inflaming gums recede from the ever present poison, while the deposits become deeper and larger, until the tooth may be lifted from the socket. The early stages are characterized by bleeding gums and looseness of the teeth, which may become loose enough for the tooth to drop out unaided. Indeed, the most beautiful teeth you have ever admired may be so afflicted, and may come out, as the patient may describe, "without apparent cause."

Further reference to this disease is made later.



The section of a tooth many times magnified.

A. Colonies of germs imbedded in foreign matter—which have become loosened from the enamel B. B. to C. enamel—D. Dentine, or bone of the tooth. E. Junction of enamel with gum, the darkened area is decay.

With no disposition to challenge technical criticism, we venture the suggestion that the retrogressive condition of the mouth is associated with intellectual growth. In the higher education of the man of to-day, we see exemplified the growth of the mental man, whereas the life of our ancestors represents the physical growth. As the mental area is nourished, correspondingly is the physical neglected.

The jaw is but the connecting link between the mental and physical man, and in the measure and nature of the demand made upon it, so will that jaw evolve. Compare the plain and coarse diet of the aborigines with the cakes, creams, puddings and prepared foods of to-day, requiring no mastication; need we ask if Nature will maintain in the jaw and teeth of the present age the powerful grinders they were formerly.

In order to secure the true form of the jaws, they must be given their proper use; the crushing of hard foods is the true exercise, and is also essential in maintaining the physiological condition of the gum tissue and muscles of mastication.

Indeed, we have to-day, in the mouth, the living proof of this evolution; in that the jaw is shortening, and the wisdom teeth are frequently missing, and when present, are of but very irregular type, and often crowded out of place. The excessive pain accompanying the eruption of the wisdom tooth is caused by the effort of this tooth to crowd itself into too small a space. The vestibule of the mouth (that portion between the teeth and the cheeks) is, frequently, so small, in the vicinity of these last teeth, that the removal of the wisdom tooth often serves to make the mouth more spacious and self-cleansing in these parts, and saves the next teeth from the contaminating influence of a decaying wisdom tooth.

But not alone does the anatomical form change. The flabby, loosened and bleeding condition of the gums is but evidence of the sting and inflammation resulting from the chemical action of acids and alkaloids, the deposits from savory dishes, palatable drinks, medicines and what not. These deposits on the teeth are as equally dangerous to the gums as are the decay germs to the teeth, and their removal insures the return of the plump, hardy condition of the former.

The first particle of foreign matter that seeks a place under the free margin of the gum and remains sufficiently long to destroy the natural contact of the gum with the teeth, is the forerunner of the disease of the gums to which reference has been made.

Cure when in its first stage is very possible, and is included in that same cleans-

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ing process that prevents decay. However industriously one may cleanse the mouth, there will be required, periodically, the careful technique of the dentist. Those who would preserve their teeth through life should give twelve pleasantly spent hours each year to the dentist.

Since the theme is prevention, monthly appointments should be made, though it is probable that cleansing once in two months would suffice to prevent decay. To avert decay and inflammation in the mouth very painless work would be performed which would require fewer hours than are necessary to eradicate a disease established. By gentle manipulation, with keen and very special instruments for this particular work, the teeth are cleansed and deposits removed from under the gums, while pleasantly disguised medicines invigorate and refresh the gums and mouth. This, with the personal care of the teeth as described, will exempt one from the painful operations of to-day and the dreaded thoughts of the dental chair.

If, as between a silk thread and the tooth brush, one must be dispensed with, let it be the brush. In the hands of most people, it has served admirably to brush food debris into, instead out of, the space between the teeth. The brushing should end with a perpendicular stroke to cleanse between the teeth as well as the brush will do it. Silk floss used with a see-saw motion between the teeth at intervals of twice a week (the oftener the better), will serve to keep these parts free of foreign matter, in which the decay germ builds its habitat. Just before retiring, the mouth should be thoroughly cleansed, as, at night time, the most morbid condition exists. During protracted illness, the trained nurse cleansing the mouth frequently, to prevent a fetid and uncomfortable condition, does incalculable good for the teeth and gums.

No toilet is complete without a mouth wash which should be used at least every alternate day. This wash should not be a germ poisoner, but a germ and debris consumer; it should contain oxygen in sufficient quantity to burn or oxidize the germs and foreign matter, habitually in the mouth. If, after the usual method of cleansing the mouth, a wash of pyrozone or peroxide be employed, merely half filling the mouth therewith, it will result in an overflow from the lips of a seething mass of burnt foreign matter. This preparation is but distilled water with oxygen added. Not until this is used, have the teeth been cleaned to their surface, and neither has the foul condition at the border of the gums been removed. While cleansing the teeth with either of the oxygen-bearing solutions, you have unconsciously cleansed the whole mouth and tongue, leaving it, the first organ of digestion, prepared for the important mission it has to perform. This treatment would alternate nicely with your favorite mouth wash giving soothing effect of the one, and the cleansing influence of the other.

Enamel 2,000 times magnified.

The dark shadow is decay established before the enamel is broken through and always before suspected by the patient.

To one who is skeptical and wishes positive evidence to encourage a belief in preventive measures, five facts are submitted:

First. The glazed surface of the enamel, when clean, is not conducive to the lodgment of foreign matter.

Second. Maintaining a healthy condition of the gums protects the teeth where decay is most destructive.

Third. The gum tissue will not lie next to foreign matter; it recedes therefrom, leaving the root unprotected.

Fourth. Where the tongue or cheeks rub clean a part of the teeth, no decay occurs, therefore, to provide equal protection for other locations, artificial means must be employed.

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Fifth. By taking ordinary precautions, you are avoiding the graver conditions which come to those who continually neglect the mouth.

Those who are disappointed in their efforts to care for the mouth are encouraged to try again.

The mouth should be sterile and clean—if need be, supplant some constantly inflaming tooth with a modern appliance. Have all the old roots extracted, "catch up," as it were, with a healthy condition, then maintain it by thorough cleansing.

The intent of this article is not to alarm; indeed, it can educate; do much good, prevent hours of agony, keep normal and beautiful many faces, and give a greater degree of health if one will but follow it.

Most diseases have their entrance to the body through the mouth. How much better it would be were the mouth sterile and clean instead of a hot-bed or incubator of infection and decay.

The mouth is the beginning of the alimentary canal, thirty feet in length. Saliva that has bathed and lurked about a diseased mouth is soon to moisten a bolus of food for its long journey of—good(?). Is it not suggestive?

Since the thought of the smell and the taste of appetizing foods has such an influence over the sub-conscious brain, as to, by reflex nerve action, send a limited supply of saliva to the mouth, is it not proper to believe that the normal and necessary flow will be deposited by the actual presence and active mastication of food? From one to three pints of saliva per day are necessary for digestion. How will the

The jaw when extraction and extensive absorption has taken place.

glands be excited to flow without nerve impulses originating in the proper use of the teeth? The crunching of pop corn, toast and dry bread is beneficial to the teeth and gums, while the dry nature of the food requires saliva to moisten the bolus before the act of swallowing is possible.

A well-preserved jaw. The external surface of the bone has been removed to show the porous bone around the roots of the teeth.

So beautiful and wonderful are the vital phenomena of life, and so dependent is life on each of these forces, that there can be no question of the wisdom of maintaining the integrity of the most important one—nutrition.

Health is the maintenance of the whole physiological process of man.

In conclusion, these are the pictures. At fifty, or less, shall one be toothless, with cheeks emaciated and sunken, a sallow complexion, jaws absorbed to a mere vestige; or shall one possess a full set of well worn teeth, with face ruddy and bright, the whole being full of the snap and vigor that comes of the consciousness that one is in control of all his forces?

Shall it be prevention or shall one wait until nerves die, until abscesses and kindred troubles drive him to the dentist?

The result of the foregoing is to reveal to the thinking reader the danger that lurks in the ignorance of Nature's laws.

If we, therefore, become alarmed, and the query arises, "How shall we benefit from this knowledge of the lurking danger in evolution, or how shall we meet the changing conditions?" we must answer: By a conservation of these best energies in man, which evidence his growth from the crude and primitive, to the strong and perfect; that evolution synonymous with progress and development which shall prompt man to exercise his intelligence that he may rear the greatest number of individuals, in their full health and vigor, with all their facilities and functions perfect and in harmony with the conditions to which they are subject.

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[Written for the MEDICAL BRIEF.]

The Etiology, Clinical Varieties and Treatment of Neuralgia.

BY EUGENE C. UNDERWOOD, M. D.,
Surgeon B. & O., S. W. R. R., Surgeon, K. & I. B. Co., etc.
Louisville, Ky.

The term neuralgia is used to mean painful conditions of the nerves, due either to functional disturbances or to pure neuritis. The term also includes all degrees of suffering from a mild ache to the severest exacerbations of pain. In this paper, neuritis will not receive consideration, since that is clinically and pathologically a distinct affection. Neurotic families are particularly prone to neuralgic attacks. It is claimed that women are more frequent sufferers from this affection than men, and that children are, as a general rule, never sufferers from it.

The general causes of neuralgia are general debility, anemia, over-study, nervous exhaustion, malaria, rheumatism, gout, syphilis, diabetes, phthisis, lead poisoning, and other disease conditions which lower the general health of the patient. Decayed teeth and exostosis of the roots of teeth are responsible for some cases. The pressure of a tumor on the nerve trunk may be the cause of the neuralgia by its interference with the blood supply of the nerve. Eye strain is often a cause of neuralgia that is obscure. The exciting causes of neuralgia are exposure to cold, dampness, sudden changes, as from a heated room to the open air, and other like agencies.

Trifacial neuralgia (tic douloureux is where the pain affects one or more branches of the nerve, the ophthalmic division being generally the seat of pain. There is usually great hyperesthesia of the skin and mucous membrane associated with flushing, sweating, salivation, increased nasal discharge and lachrymation.

With this variety of neuralgia, also, may be seen trophic changes—erythema, induration of the skin, loss of hair or spots of grayness. In severe cases, patients have convulsive movements of the facial muscles, which are complained of as being distressing beyond the power of words to describe.

Cervico-occipital Neuralgia.—This variety of neuralgia is generally constant, and affects the back of the neck and the head. Hyperesthesia of the scalp is frequently associated with it.

Cervico-brachial Neuralgia.—This variety, involving as it does, the sensory nerves of the brachial plexus, is attended with severe pain in the axilla, and along the ulnar nerve.

Intercostal Neuralgia.—This is one of the most common types of neuralgia. Pain is experienced in the intercostal nerves. It may be a dull pain, or come on with acute stabbing exacerbations. In practice, this variety of neuralgia has to be differentiated from pleurodynia, pleurisy and pneumonia, but to a careful, intelligent physician, this is no difficult task.

Lumbar Neuralgia.—This is a variety of neuralgia which is manifested by pain along the crest of the ilium, inguinal canal, spermatic cord, and in the testes, scrotum and the labii.

Sciatica.—This form of neuralgia is very common, and often renders the patient an invalid. The pain extends down to the foot; often the pain is confined to spots along the course of the nerve, and again it is uniform. The pain is sometimes of an aching character, often burning, but often it is paroxysmal. Walking always intensifies the pain. Damp weather seems to increase the pain in these sufferers, and at night the pain is greatest. In all cases, reflex irritation must be discovered and removed, if possible.

In all cases of neuralgia, tonic and constructive agents must be given. If anemia is present, iron in some eligible form must be regularly exhibited, and the patient's diet must be given due attention. Nutritious food that is easy of digestion must be given. If the patient has gout or has chronic rheumatism, no remedy will bring us better results than Iodia. This remedy having been found the best in the gouty and rheumatic diathesis, will bring relief in the cases that had resisted many other agents.

In those cases due to syphilis, Iodia will act speedily and specifically. Those cases

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which owe their origin to malaria will more speedily recover if put on quinine, and advised to change their residence to a place of higher altitude.

Many cases of sciatica yield readily to Iodia. This being due, I think, to the fact that many of the cases of sciatica are due to rheumatism and gouty diathesis. Neuralgia caused by chronic lead poisoning yield more readily to Iodia than any remedy I have ever employed.

So far I have said nothing about the control of pain. This is a matter of the greatest importance, as the pain is often so great as to produce death in itself. Sometimes we can control the pain with one of the coal tar drugs, but this is often very doubtful. The relief is never sure, and, therefore, I never give these agents now. I rely exclusively upon Papine to relieve the pain, this being an opium preparation that is free from the objections common to other opiates. It does not produce constipation and biliousness, but it represents the anodyne virtues of opium. It produces relief of pain without any disagreeable action, and I prescribe it to a liberal extent.

In giving Papine, we can confidently look for speedy results, while the coal tar derivatives are often very disappointing. In those cases due to nervous excitement, and consequent upon nervous prostration, the action of Bromidia is most happy. In these cases a teaspoonful every two or four hours, acts most happily. In the treatment of neuralgia, Bromidia will be found a remedy which will bring the most beneficial results.

In all cases where there is sleeplessness, its unsurpassed hypnotic power will be of immense advantage to our patient. Sleeplessness produces great debility, and makes the patient worse. Sprays of ether over the course of the affected nerves often contribute to the patient's ease. Applications of hot salt bags, and heat in other ways are beneficial in some cases. Aconite liniment is a useful local application in inter-costal and other varieties of neuralgia.

Case 1.—Patient, a man thirty years old, applied for treatment of sciatica neuralgia that rendered him unable to walk much. The paroxysms come on with great severity at night, though he suffered more or less through the day with burning pain all along the nerve, and his foot was so tender that he could often not bear it to the floor. This patient's trouble was due to chronic rheumatism, and I put him on teaspoonful doses of Iodia before each meal, and cod liver oil after meals. He took a teaspoonful of Papine whenever the pain came to be troublesome, and repeated it often enough to keep it in subjection. The patient made a satisfactory progress on this treatment, and was discharged cured in six weeks.

Case 2.—This patient was a woman rather delicate, who was nursing a baby which was now fourteen months old. She was in a run-down condition generally. She was given Papine in doses of a teaspoonful every two or three hours until the pain was relieved. She was required to wean her baby and to take iron and a generous diet. The Papine produced entire exemption from pain. She ceased to have neuralgia, and was entirely well after four weeks. I must add that this woman had insomnia, and it was relieved by taking a dose of Bromidia on going to bed.

Case 3.—A man, aged thirty-one, had tertiary syphilis and neuralgia of the intercostal variety. Iodia was given for its specific action and Papine was exhibited to relieve the pain. Cod liver oil was given as a general constructive, his general health being reduced. This treatment was persisted in for four months, and the improvement in my patient was beyond all expectations, either of me or his friends. This patient as a result of worry and pain, suffered to an exhausting degree with insomnia, but this ceased to annoy him after he had taken Bromidia for a week or ten days.

Case 4.—A lady, aged forty-seven, had attacks of intercostal neuralgia along with other nervous troubles commonly seen in the menopause. I gave this woman one or two teaspoonfuls of Papine when she was suffering, and Bromidia to overcome her nervousness. She passed through the period, and is now in excellent health.

Failing Digestive Powers.

Dr. O. R. Kidd, Carrsville, Ky., is well pleased with Seng as a digestive secernent. Uses it with much improvement in elderly subjects.

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[Written for the MEDICAL BRIEF.]

Inflammation of the Urinary Tract, with Treatment.

BY P. C. PALMER, M. D.,
Professor Gynecology, Columbian Medical College, Member American Medical Association, Jackson County Medical Society and Kansas City Academy of Medicine.
Kansas City, Mo.

What I may say regarding the treatment of the distressing or agonizing conditions termed urethritis, cystitis, nephritis, and also inflammation of the ureters, will for the most part be applicable to males as well as females, yet I shall direct my remarks particularly to the female economy. It would be unpardonable in an article of this nature to attempt to enumerate the numerous causes for the conditions above contemplated. Malnutrition, anemia, and strumous, chlorotic, rheumatic and gouty diatheses are most prominent among the causes, contributing to these troubles among children, while malarial influences, neuroses, cerebral and spinal derangements, hysteria, hyperacidity, and incontinence of the urine, dyspepsia, constipation, etc., produce these conditions at any age, and in all classes of people.

Excesses of all sorts, displacements of the relative organs, especially the uterus and ovaries, abnormal enlargement of these organs, or pressure from any source, pregnancy the most frequent, perhaps, are most conducive to such troubles among married women.

With some, at any age after puberty, masturbation is responsible for such results. Some of the most aggravated and obstinate cases are those following ovariotomy or hysterectomy, and wholly unaccountable. Any disorder of nutrition, hepatic or renal function, producing abnormal secretions of the kidneys, and an offensive urine containing excessive solids, urates, phosphates, and oxalates, tending toward decomposition of the urine, or irritation, will almost certainly excite a hyperesthesia, beginning with the kidneys, extending through the urinary tract, and resulting in an inflammatory condition. Through the sympathetic system the same results follow as in those conditions above mentioned, and no less through the nervous disturbances from whatsoever source.

The function and sensation of the bladder and urethra are impaired by these prolonged hyperesthetic and inflammatory conditions in many cases, while the vast majority of patients suffer intensely throughout the existence of such derangements. Hemorrhage, echymoses, hematoma, etc., are not infrequent along this line of troubles. Three distinct divisions of this class of derangements are presented us for consideration—the acute, chronic, and gonorrheal form, each claiming much thought, attention and skill in their treatment.

In all cases we have the general, as well as the local system to study, and with which to contend, and in our efforts to overcome local conditions we must not permit combinations to conflict. That is, with the class of patients needing tonic and anti-malarial treatment, we will find such remedies antagonistic to these urinary troubles unless counteracted with compensatory agents.

Tincture ferri chlor., one of our best blood builders, acts along the line of other acids.

Quinine, without which we do not think of combating malaria, acts detrimentally to the conditions under consideration. In the acute stage, if the disease is nephritic alone, counter-irritants, saline laxatives, pushed to the extent of hyperemia of the mucous membrane of the intestines, and diuretics in case the secretions of the kidneys need stimulating, diaphoretics, if the opposite. The ureters, when involved, need, as do the kndneys, palliative and soothing remedies, counter-acting or neutralizing the abnormal or hyperacidity. In addition to alkaline remedies, Sanmetto (Od Chem. Co.), will prove chief among the palliative and healing agents. In all cases, as nearly perfect rest as possible to secure should be enjoined upon the patient.

When the bladder and urethra together, or alone, are involved, we are better enabled to alleviate the suffering and treat the conditions than when the higher parts are to be reached, as we are enabled to flush with hot antiseptic solutions, a solution of boracic acid (saturated) preferably, introduced through a soft rubber catheter, and allowed to flow out through the cathe-

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ter first, to be repeated or not, as the case dictates, finally leaving a quantity as great as can be borne comfortably, to be passed naturally by the patient.

This is one of the most agreeable, comforting and effectual means at our command. In the acute stages of gonorrhea, a solution of argentum nitrate, ten grains to one ounce is an old remedy much used of recent years, having come back into use again, but should not be repeatedly used. In the chronic stage, it may be used on alternate days, or as needed stimulation indicates, while the boracic acid gives comfort and decided benefit in any stage, used once, twice, or thrice daily, in acute, chronic, or hemorrhagic conditions.

In this manner, with our systemic remedies, tonics, alteratives, laxatives, diaphoretics and counter-irritants, we overcome the complicated cases, while in all cases we find Sanmetto the most reliable, soothing and healing agent at our command, and by its early use, place this class of patients under obligations they never will forget, for the greatest service the physician can render is to relieve suffering, and then effect a cure.

[Written for the MEDICAL BRIEF.]

Nephritic Colic.

BY ALBERT DUNLAP, M. D.,

Creston, Iowa.

I was glad to see in April number of BRIEF your editorial calling attention to gelsemium in nervous fevers, spasmodic diseases, and especially in nephritic colic. The usefulness of gelsemium in malarial diseases should be brought particularly to the notice of the profession, for though it is an old, it is a little known, and a comparatively little used remedy. This is due to two causes: first, the absence of, or variation in, strength in the commercial tinctures and fluid extracts, and, second, to the very unpleasant toxic symptoms which frequently appear when the remedy is given to some patients, even in small doses. The first of these difficulties can be avoided by using only the concentrated or specific tinctures of some reliable make, as B. Keith's, Lloyd's, or Merrill's, and its peculiar toxic symptoms may be greatly limited by combining gelsemium with white compound tincture of iodine, using glycerine as an excipient, and adding a small quantity of xanthoxylin and macrotys.

I published formula under the name of glycerole gelsemium, and iodide, three years or more ago, in several Eastern medical journals, and called attention to its value in zymotic diseases. I have received several hundred letters from physicians in almost every State, stating that they have found the formula a valuable combination in the treatment of dysmenorrhea, vomiting of pregnancy, nephritic colic, and in all acute non-specific fevers, which may be included under the general head of malarial, miasmatic or zymotic fever.

But my principal object in writing today, is to call attention to the value of the remedy in nephritic colic. In every case of this very painful trouble that has come under my care during the past ten years I have relied entirely upon the glycerole of gelsemium and iodine, and I have found it a specific, giving relief in from five to twenty minutes in every case. Its action can be easily understood, if we study the physiological effects of gelsemium, iodine, xanthoxylin, macrotys, and glycerine. In this complaint, the remedy must be given in full doses every five minutes, and in no case has there been any of the disagreeable toxic effects of the gelsemium.

In my practice, which is exclusively chronic diseases, I find the gelsemium glycerole indispensable. Some years ago, in an article on chronic diseases, I made the statement that as far as my observation went, fully ninety-five per cent of the chronic cases coming under my care had a zymotic or malarial toxine as an important factor, to be first considered by the physician, either as cause or effect of the irritation or inflammation of the emunctory organs.

I am willing to-day to re-affirm the statement made ten years ago. The health of the individual depends upon the regular action of the emunctory organs, the kidneys, lungs, liver, bowels, and skin. If any one of these, either from disease or traumatic cause, is hindered in

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performance of its office, there is as a result an accumulation or excess of excreta, and the other organs strive to do vicarious work to relieve the blood of the toxine or foreign matter. Hence, if one of these organs is affected, the others soon show irritation or inflammation.

The first duty of the physician should be to allay the irritation or inflammation of the excretory organs, and relieve the blood of the retained waste, and there is no remedy for this purpose equal to gelsemium, properly combined, and the profession will find the formula I offer invaluable for the purpose.

The formula contains twenty-five per cent of gelsemium, concentrated tincture, forty-seven per cent of pure glycerine, twenty-five per cent of compound tincture iodine (White), and one and one-half per cent each of concentrated tincture macrotys and concentrated tincture xanthoxylin. In chronic cases, I prescribe this in dose of ten drops every two hours, either alone or, as symptoms demand, combined with chionanthus, hydrastis, gentian, avena sativa, etc.

When time is a factor in acute and spasmodic complaints, I do not hesitate to give a full teaspoonful every five minutes. We sometimes find cases with an idiosyncrasy that can not use opium or quinine or belladonna in safety, even in small doses, and there are exceptional cases where iodine, gelsemium, and macrotys, show peculiar, unpleasant effects, even in very small doses, and glycerine itself is a *persona non grata* to some, but these cases, as before stated, are very few, and a valuable formula should not be cast aside, because in one in a hundred cases the remedy acts contrary to general rules, owing to an idiosyncrasy in patient.

Pelvic Disorders.

The field of gynecology is, in many respects, the least satisfactorily covered of any department of medicine. There has been almost a failure in the preparation of solid medicaments for the local treatment of pelvic disorders.

Realizing this, McCoy, Howe Co., of Indianapolis, Ind., have given the profession in antiseptic sphenoids a remedy totally unlike the various insoluble compounds of the market.

[Written for the MEDICAL BRIEF.]

Contributions to Our Knowledge of Cactina.

BY DR. VICTOR G. VECKI,
San Francisco, Cal.

In 1890, occasionally, in a consultation I had with Dr. Mandinich, a European physician who had practised many years in South America, I was first told of the beneficial influence cactus has upon the complex of symptoms caused by cardiac diseases and cardiac weakness. Dr. M. regretted that it was impossible to obtain the drug in Europe, claiming that the patient under our treatment, for whom digitalis, strophanthus and strychnine did not seem to accomplish a great deal, would certainly have been favorably influenced by cactus grandiflora.

Since 1893, I frequently had the opportunity to use cactus preparations, at first the fluid extract, and during the last five years the Sultan Cactina Pillets, which were chiefly preferred on account of their reliability and convenience.

In medical literature we find somewhat contradictory statements concerning this remedy, and in giving herewith a fragmentary history, and the results of my experience with it, I hope further investigations will be provoked.

Careful observation has proven that the action of cactina, while mild, is steady, always reliable, and never has any untoward effects. There is, no doubt, that it does shorten diastole, that it regulates the rate of cardiac contractions, and has no effect upon the size of the blood vessels. The diuretic action of cactina is universally acknowledged, and the worst anyone found to say against the drug was that it is "seemingly efficient."* But practitioners must in many cases be satisfied with a "Seemingly efficient" remedy.

I shall now briefly give the history of some typical cases:

Case 1.—A wholesale merchant, forty-one years old, under treatment for stricture, complained that he was refused admittance to a benevolent society on account of high rated pulse. Examination

*The American Yearbook of Medicine and Surgery, 1896, page 1080.

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of the slightly obese patient showed normal, but accelerated heart action; pulse never under one hundred, even after protracted rest. When exercising, it reaches one hundred and ten to one hundred and twenty. Patient consumes, on the average, ten Havana cigars a day; claims not to be able to smoke less. No symptoms of tobacco heart, no palpitations, no irregular beating. *Experimenti causa*: Cactina Pillets were given, one every two hours; pulse was readily reduced to eighty.

Case 2.—A retired officer of the Austrian cavalry, sixty-four years old, at present engaged in mining speculations in California, sought aid for intermittent pulse and insomnia. The latter seemed to be caused by mental worry over the dread of a sudden death. Patient lies in bed watching the irregular action of his heart. The intermissions were rather erratic, sometimes a prolonged diastole followed, after four regular ones, and sometimes after five or six. Then again, the heart would work quite regularly for half a minute, and then anew become intermittent.

The patient, a descendant from a gouty, aristocratic family, used to smoke considerably in former years, mainly Turkish tobacco out of a chibouk, but had used none six months previously to reported examination. Abstinence from tobacco has brought no improvement, digitalis prescribed by several physicians in various forms made the subjective symptoms, and mainly the insomnia, worse. Cactina Pillets taken at first one every hour, and later on at greater intervals, made the pulse quite regular when the patient was at rest, consequently the insomnia disappeared. When in motion, excited, or after using any kind of an alcoholic stimulant, the pulse continued to be intermittent.

Case 3.—Wholesale liquor dealer, fifty-four years old, potator, suffering with periodical nose-bleeding which could only be arrested by mechanical means. Weak and fluttery action of the heart, subsequent venous congestion, violent headaches and oppressed respiration. Cactina Pillets, one every hour whenever the symptoms became manifest, brought decided relief, and the nose-bleeding did not recur. Patient keeps on drinking whisky with a regularity that is bound to cause disaster.

Case 4.—The wife of a shoedealer, twenty-five years old, of slender build, in fairly good condition of health, was, one night in October, 1893, suddenly taken by violent symptoms of edema of the lungs, in consequence of an idiopathic weakness of the right ventricle. With two other physicians I worked for over six hours. Digitalis failed, strophanthus brought a hardly perceptible improvement, and the patient was relieved by a venesection, after about six ounces of blood were drawn. During 1894 the patient had two similar, though less severe attacks, that were easily cut short by cactus.

During 1895, she took almost constantly, Cactina Pillets, from two to twelve a day, and remained in perfect health.

In 1896, she had a very severe attack of pulmonary edema, which yielded to Cactina.

In 1897, two mild attacks similarly and successfully controlled. Towards the end of this year, the husband failed in business, and moved with the patient North.

In 1899, he reported to me that his wife died December, 1898, from a severe attack of her usual trouble, that she was given various drops, pills, and hypodermic injections, but not the little green pills I used to give her, as no one knew what they could have been.

Case 5.—A druggist's wife, thirty-four years old, came from the East to regain her health in California. Height, five feet seven inches, weight one hundred and fourteen pounds. In consequence of various attacks of inflammatory rheumatism, mitral stenosis and incompetence have developed, she was anemic and emaciated, lips and mucous membranes slightly cyanotic, frequent attacks of dyspnea adding to the distress, and terrorizing the patient. Cactina Pillets, one every two hours, made first the dyspnea, and gradually all the other symptoms, excepting the objective ones disappear. The patient left for her home, after four months, looking well, and having gained thirteen pounds in weight.

Case 6.—A moneybroker, forty years old, was refused, repeatedly, admittance in various life insurance companies, on account of mitral stenosis and incompetence with aortic stenosis and insufficiency. At the time of first rejection, some ten years

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ago, he was surprised that anything should be wrong about his bodily condition, as he felt in perfect health. Gradually the compensation became less and less effective, the heart action grew more violent, dyspnea and other disagreeable symptoms developed. The patient consulted various physicians.

Finally, in 1899, he went to his native country, Germany, to consult a celebrated authority, and, indeed, he brought along a duplicate of the prescription for an infusion of digitalis which a San Francisco physician had prescribed for him in 1897.

The European recipe not being able to accomplish more for him than the same one written in America, the patient grew impatient and discouraged. Being under my treatment for hemorrhoids, he complained of his violent heart-action and the dyspnea.

Cactina Pillets, 'aken regularly at first every hour, and later every two hours, one, have made his existence tolerable, the heart action is less vehement, the dyspnea less marked.

Case 7.—A stabler, forty-six years old, slightly obese, suffered during last four years with chronic bronchitis, consecutive emphysema, and frequently recurring severe attacks of dyspnea, was taken suddenly with symptoms of acute edema of the lungs, evidently induced by a failing of the right ventricle. Cactina Pillets, given one every hour, relieved the symptoms considerably. The alarmed family demanded that high authorities be called into consultation A new treatment had to be adopted, and the patient died, taking strophanthus Of course, there is no proof that Cactina might not have done just as well.

Case 8.—A foreman in an iron foundry, thirty-six years old, always strong and healthy, was taken with bilateral croupous pneumonia. On the fifth day of the sickness, I was called to see the patient, who had been given antipyrin and morphine, in liberal doses, and, as the attending physician complained the fever did not go down, the pains did not subside, sleep did not come. The patient felt very uncomfortable, a heavy poultice added to the difficulty in breathing, and there was hardly any oxygen in the small, stuffy and unventilated room. Temperature 106° F., pulse one hundred and thirty-eight. After an alcohol rub, the poultice removed, the windows opened, Cactina Pillets alternating with a freshly-made infusion of ipecacuanha were given. The pulse went down to 120 inside of two hours, though the temperature rose slightly towards evening. The critical stage passed, Cactina was discontinued, and the patient made a good recovery.

Case 9.—A plumber, thirty-two years old, under treatment for sexual neurasthenia which originated from excesses in various forms. Excessive masturbation, and later exorbitant indulgence in coition admitted. Complains about cold hands and feet, vertigo and a feeling of fainting. Heart action weak, pulse slow. Strychnine bringing no relief, ergot and Cactina Pillets were given, the circulation improved, and the disagreeable symptoms disappeared.

Case 10.—A clerk, twenty-three years old, of a lymphatic constitution and highly nervous disposition, under treatment for morbid pollutions. Was addicted to masturbation from his fifteenth year of life until he became aware of the deleterious influence of this practice upon his health. He fought the inveterate habit with varying success, and for years. When, after a hard struggle, masturbation was finally discontinued, frequent night emissions began to trouble him. The heart action was slow and weak, the patient's hands clammy and cold. The psychrophor locally, internally bromides, mono-bromated camphor,* lupulin and ergot were used, with but temporary success; the improvement became permanent when ergot and Cactina Pillets were given together.

In addition it may be stated that many cases of sexual neurasthenia complicated with cardiac weakness, offering similar symptoms were invariably favorably influenced by Cactina.

If we review the results of our personal experience, we must agree with those experimentors and practitioners who found that Cactina is an effective heart stimulant, being well able to regulate the rate of cardiac contractions, and which can safely be used in cases of abnormal heart-

*Compare: Vecki, Pathology and Treatment of Sexual Impotence, Philadelphia, 1899, p. 121.

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action. Whenever cardiac weakness coincides with a slow pulse, Cactina should be used in combination with a vaso-constrictor like ergot.

[Written for the MEDICAL BRIEF.]

"On Drug Purity in its Relation to Therapeutics."

BY GEO. SELKIRK JONES, L. S. A., AND LICENTIATE IN MEDICINE, R. C. P. (LONDON).

Horsham, Sussex, England.

It may, I think, be set down as an approved axiom that the greater the degree of purity in any given drug, the more reliable and constant as a therapeutic agent it becomes. Take, for example, some of our commonest salts of magnesium, sodium, potassium, etc. Medical practitioners of repute when replenishing their stock of medicines, naturally choose to forward their orders preferably to such drug manufacturers who take the trouble to re-crystallize crystalizable salts, and in other ways seek to eliminate foreign matter from the rest. For of what use would it be to a patient requiring, let us say, an alkaline carbonate, when in consequence of careless manufacture the same be found upon analysis to contain salt substances, as chlorides, sulphides, lime salts, etc., the usual impurities in badly refined soda bicarb., for example, due to the various stages in the process of manufacture, through which it has to pass from the "salt cake" furnace to the condition of "black ash," "soda ash," and carbonating process. For the purposes of household use many people in this country prefer, probably for the sake of economy, to purchase such drugs as epsom salts, bicarbonate of soda, etc., at the grocer shops. I have, therefore, upon several occasions, and for the sake of ascertaining the truth, made small purchases of these drugs, submitting them to qualitative analysis, with the same result in most cases, the chief impurities of epsom salts being as above stated, sodium chloride, iron, alumnia, and organic impurities, gritty (siliceous) matter; again, grocers' citric acid generally consists of about two-thirds tartaric acid and acid tartrates, but however objectionable all this may be, such cannot be compared to the condition of our more important drugs, for example the bromides, iodides, salicylates, tinctures, etc. With respect to the bromides, it has been the common experience of medical men that what will at one time afford good results, at another the drug appears to have "lost its 'cunning,' so to speak," results often attributed to prolonged administration, the system becoming either intolerant of its use, or satiated by it. But is this always the case? I cannot resist the conclusion that differences in the nature of the drug itself, due to impurity, may in a large measure account for these phenomena, a conclusion frequently confirmed by the employment of the same substance obtained at another house, and one of superior reputation and giving more satisfactory results in practice. Since the introduction of the celebrated American preparation, "Bromidia," into our English market these truths have dawned upon our minds, and become commonly accepted facts, so that we have learned to say, "if you want Bromide, give Bromidia," and not one with a host of incompatibles mixed with it. This, of course, applies to all drugs. Cases have occurred in my experience in which potassium bromide, even when associated with chloral hydrate, hyoscyamus and Cannabis Indica, has failed in producing continuous improvement in epilepsy, where "Bromidia," made by the St. Louis firm of Battle & Co., U. S. A., succeeded, and the matter has naturally given rise to the inquiry, "How is this?" Surely the truth is not far to seek, the absolute purity of all the constituents of Bromidia. Of course, the produce of the best English firms are above suspicion. But one factor, and that which appears to ride rough-shod over commerce generally, is germane to the present subject, is excessive trade competition. No one, I venture to assert, would put his veto upon so wholesome a force as competition in trade, when by that term we mean a strife for superiority of production regardless of reasonable cost, but reckless competition especially with reference to the process of "cutting fine" may possibly do little harm in most trades, but surely ought to find but little encouragement in

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that of drug manufacture. In the latter case it should be expected to assume very different characters, the strife being one for purity, and careful preparation, knowing how important is the stake, the well-being, or possibly the lives of our fellow creatures. For what matter if your preparation has to undergo repeated precipitation, derigation, re-crystallization, or re-distillation, if such extra labor and cost secure in the future for the house a reputation for safety, and establish, too, a better footing as between the medical practitioner and his patient. No. The "penny wise and pound foolish" system of the past will never receive, at least in the medical profession, the same favor in the twentieth century as it unfortunately has done in that of its predecessor. We have lately in England been much excited by certain serious ailments, particularly that of peripheral neuritis, resulting in many deaths in consequence of the excessive inhibition of our national beverage, beer, traceable to the presence of arsenious acid in the saccharine compounds used in brewing. This discovery will eventually lead, no doubt, to the employment of only malt, and hops by brewing firms, and thus restore to John Bull the beverage of his forefathers. (A consummation devoutly to be wished). Now, the argument in favor of pure beer will apply with double force to that of pure drugs, used for dispensing medicine to the sick, and I take it that where such valuable aid is met with it surely becomes a matter of duty on the part of the doctor to give due diligence in securing it. Competition in drug trades has given rise to the production of cheap substitutes for some of our more important remedial agents, for example, salicylic acid and salicylates (artificial productions in place of the natural products). Experiments have likewise been instituted for the purpose of producing by artificial or synthetical methods that valuable alkaloid, quinine. May that never succeed, for doubtless it will serve but to open the door to general artificiality in drug production and reduce the noble science of therapeutics to a condition of chaotic confusion and difficulty. As an instance of American enterprise and success in drug manufacture it will suffice for me to draw attention to the universal inclusion of American therapy into all our drug lists, several special pages being devoted thereto. This is a distinct advance and due to the triumphs of American skill. We cull our remedial agents from every part of the civilized globe, Germany and France being placed under tribute for many valuable drugs, whilst a far greater number come to us from over the Atlantic, and thus the whole world, like the human body, cannot afford to ignore the individual aid of its parts, for as "the eye cannot say to the hand, I have no need of thee," so in the daily affairs of life one must ever be dependent upon another. As one climate can produce her fruits, another her minerals, while a third has established a name for food products, or the necessary fuel for its preparation for the uses of man, so let us say all these belong to each other, let their influence then be reciprocal and one devoted to the universal well-being of our race.

[Written for the MEDICAL BRIEF.]

Small-Pox—Yellow Fever.

BY J. W. S., M. D.,

Puxico, Mo.

I am a great admirer of the BRIEF, although I have never contributed to it as yet.

I wish to make a few suggestions and start others to thinking for our mutual benefit.

I have studied a good deal about small-pox. I know that when the weather gets warm it is milder, and in hot weather disappears. Now, my theory is, that when a person has been exposed to this contagion, it would be well to give him a vapor or hot air bath, as hot as it can well be borne. This bath will get up capillary circulation, and skin action, which, together, will I think, antagonize and scotch the disease, prevent pitting, and save life.

Would like to know what others think of the idea.

Also, in yellow fever, when cold weather comes, it stops, and the disease is not known in cold climates. Why not expose these patients and suspects to extreme

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cold, say twenty or thirty degrees below zero? Would that not abort the disease, or destroy the germ, stamp out the fever?

Would like to know what others think about it. I think there is a way of preventing these diseases, if we can get at the scientific common sense treatment. Let us experiment a little, and give our successes or failures to the world for what they are worth.. We are all the time finding out something new, and why not something concerning these pests. At any rate, I wish to start some smart men thinking, and there is no telling where it may end..

[Written for the MEDICAL BRIEF.]

The Medicinal Virtues of Passion Flower.

BY LANIGUS SOLIZBY, M. D.,
Isle of Wight.

It is only very recently that the virtues of passion flower—passiflora incarnata—have come to be recognized as one of the most valuable additions to our materia medica.

Passion flower has been found, when a reliable preparation has been employed, to be one of the best hypnotics at the disposal of the profession. In fact, no remedy which has been introduced in recent years is depended upon with such confidence. It produces natural sleep, from which the patient awakes without any feelings other than those from which one comes out of the healthy slumber that follows upon the fatigues of normal man.

Passion flower is also an efficient antispasmodic, and in the convulsions of children it has been found one of the most prompt agents attainable. In the convulsions of hysteria, and even puerperal eclampsia, its antispasmodic virtues are soon apparent.

An anodyne in all conditions where there is pain, due to nerve derangement, it can be relied upon. Neuralgia, headache, hyperesthesias, and other nerve derangements soon disappear under its administration.

Daniel's Conct. Tinct. Passiflora Incarnata is the only reliable preparation of passion flower that can be found. It is best given in doses from one to two teaspoonfuls every two hours, but should be given with less frequency as the patient begins to improve.

[Written for the MEDICAL BRIEF.]

Rabies from Ptomaine Poisoning.

BY W. A. WALKER, M. D.,
Cairo, Ga.

On a few occasions you have, through the editorials of the BRIEF, advocated the theory that rabies in dogs was caused by eating decayed animal matter or drinking water contaminated by decaying carcasses of animals. All the while I have given some credence to your opinion. On yesterday I had a case in point which proved conclusively to my mind that your theory was correct.

My little son owned a very fine four-months-old pointer pup, that followed him almost everywhere he went. On yesterday he went with us to the cemetery, and while there the children were playing with the pump, and I noticed the dog ran up and began drinking the water. I drove him off as soon as I could, but not before he had drank considerable of the water, which was greatly polluted by leakage from the near-by graves.

The water in this well has a strong odor of decayed animal matter in it. Before we reached home, a distance of half a mile, the dog developed undoubted symptoms of hydrophobia. I sent for the police and had him killed.

It is not an uncommon thing for us to have rabid dogs in our section, and in most instances they are bird dogs, pointers and setters.

Two summers ago, my brother had a pointer to develop rabies after partaking freely of a dead cow during the rainy season, last of July.

Pardon me for intervening this upon you, but the cases were such strong evidence in support of your theory, that I concluded to report them to you.

Relieved His Patient.

Dr. J. C. Midkiff, Ben Arnold, Tex., reports a case of severe after pains. When other remedies failed, tried Papine, and it acted like a charm.

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THE MEDICAL BRIEF

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Editorial.

Dietetic Principles.

There are people who have theories of life, and persist in living by them, regardless of tastes, aptitudes, instincts, common-sense, or experience.

In regard to diet, for instance, they do not ask themselves what is palatable, what sets well on the stomach, or gives them strength. Observation and experience have no weight with them. They want to see the nutritive value of food set down in technical terms by the analytical chemist. If he rates it high, then they will eat it regardless of such small consequences as dyspeptic symptoms, offense to the natural taste, malnutrition, and persistent weakness.

They argue, that if they, who live so conscientiously and scientifically on health foods, carefully avoiding all pampering, and yet have gnawing and heaviness at stomach, regurgitation of acid fluids, etc., they would certainly die if they ate ordinary food like other people.

Now, health foods are well enough in their place, but like medicines, they must not be abused. Many persons have become actual "fiends" on the subject of health foods. They live habitually on unpalatable messes which would sicken a well person, and which, containing a sort of specialized nutriment designed for a certain purpose, is not adapted to the general needs of an organism in health.

Too much theoretical prevention of disease is bad. The body is fitted to cope with a certain amount of friction in its work. This constitutes life. Deprived of this, the organism fails to make and store up vital resistance, but weakens and degenerates. We must put faith in the selective intelligence of Nature, speaking through unperverted instincts and tastes. Then observation and experience may judge and help her operations.

Do not let dyspeptics live on charcoal crackers, cereal preparations, nuts, food imitations, or even fruit exclusively. All may be used in their proper places, but an omnivorous diet is best for every day use. A specialized diet is a therapeutic agent, and when the purpose for which it was adapted by the physician is accomplished, the ordinary diet should be resumed.

Water Drinking.

We read a great deal about the benefits of free water drinking, and of that large class of patients who do not like water, and seldom drink it, yet who are in great need of its eliminating stimulus.

The solvent and cleansing action of pure water is not to be denied, yet if it is to do much good, to circulate generally, and wash out the tissues, it must first be *assimilated.*

The reason these patients do not care for water, is that the circulation is sluggish, the absorbents inactive, and the se-

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cretions torpid. They have intestinal indigestion, do not generate enough heat and energy through the combustion of carbo-hydrate foods; consequently, water is not demanded and freely utilized as it should be.

Water is good for people, but we must provide demand as well as supply. It is not enough to tell them to drink freely. We must improve the digestive capacity, the activity of the skin and other glands. Good digestion is almost invariably followed by thirst. This thirst, unless caused by the reckless use of condiments, is a very good indication of the rapidity of the digestive process.

Pouring quantities of cold water into a relaxed, energiless stomach, lacking in animal heat, blood supply and normal sensibility, perhaps coated with fermenting mucus, is not particularly conducive to health. If, the circulation being already filled with stale, uneliminated fluid, the absorbents refuse to take up more, ingested water must remain in the digestive organs, washing up against the mucous membrane until, by weakening it, it seeps through into outlying tissues, causing a more or less dropsical condition of the abdomen.

Improve digestion, assimilation, and the harmony of function in those cases who need water, and they will demand and use it. People whose skins and kidneys act freely, drink water abundantly. People who have plenty of iron in their blood are copious water drinkers. Thin-skinned people are generous consumers of water. The laboring man drinks plentifully.

It is well to ask ourselves what is wrong with a man that he does not care to drink water when water drinking is natural, to treat and remove that wrong instead of attempting to force Nature.

In thick-blooded, sallow, leathery-looking people, with slow digestions, torpid elimination and deficient animal heat, judicious starvation with gentle stimulation of the heart will increase the absorption of fluid, thinning the blood, and lowering arterial tension, so that circulatory obstructions are removed, and secretory activity is increased.

Moderate exercise improves the digestion of starchy foods through increased muscular nutrition, and a greater assimilation of oxygen. The heat and energy thus liberated, and the fluid lost by excretion, call for water.

Nature has her own intelligence, operating under laws, and the wise physician will treat with instead of ignoring her, and trying to force facts to fit his individual conclusions as to what is right and fitting, though this is ever the fault of abstract science.

Scientific Fallals.

At the last meeting of a certain Milk Supply Commission, it was recommended, among other things, that the cows should be bathed before milking, and treated with the greatest consideration, that no unkind bovine thought, or harmful emotion, might injure the milk. It was likewise urged that the milkman or maid should see that the hands were clean and dry, the finger nails carefully manicured. Nothing was said about curling the hair or the wearing of a dress coat, but we presume the scientists in charge are not yet at the end of their resources for the improvement of the rough and ready elements with which they are dealing.

No one is a greater believer in cleanliness than the writer. If ordinary cleanliness were universally practiced, the germ theory would not have a leg to stand on. But a very superficial knowledge of human nature is sufficient to convince a man of common sense that the less we ask of people, the more apt we are to get that little done, and done regularly.

If sanitarians and scientific reformers in general, really want to see some good result from their propagandas, they must content themselves, in the start, and for a considerable time, with asking and emphasizing only things, the benefits of which are obvious to the class which is to carry them out. Otherwise science will be laughed at and derided, its pronouncements and rulings ignored.

If we ask a milkman to wash off the udders of his cows with cold water, and put his own hands under the pump before getting to work, that the milk may be free from unpleasant odors and dirt, he may see some sense in it. Experience has

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already taught him to scald his milk vessels well to avoid premature souring.

But when it comes to giving the cow an elaborate bath, to manicuring his own finger nails, to giving up his hay loft, that the gentle animal may not inhale dust, to making sanitary changes which will conform his barn in appearance to a modern hospital, etc., he will either laugh, or say nothing and pursue his old way.

Let us make haste slowly in reforming those over whom we have no control. Let science avoid fallals, and stick to essentials. It is even possible that, if the scientists who want everything sterilized and polished to a finical degree, were to turn milkmen, they might sometimes, on a very cold day, about four A. M., forget to bathe the cow, or to manicure their nails. They might even so far forget themselves, and science, as to administer a slap, none too gentle, should her bovine majesty suddenly put down her foot—in the milk pail.

Bacteriology Verging Towards a Climax of Absurdity.

If only the bacteriologists had some slight sense of humor! But this saving development of sanity only comes when knowledge passes from the brain into the blood. When a man, a race or a class is painfully developing the organ of intelligence, and has the whole of his attention glued to some microscopic item of knowledge, he can hardly be expected to appreciate its and his proportionate relation to the things of the universe.

But if he could, you know, he would see his finish. He has long crossed the boundary between the sublime and the ridiculous and is steadily working towards a climax of absurdity.

Bacteriology originated in Continental Europe, where the minds of a superstitious race were further unbalanced by constant delving in pathology, putrefaction and morbid anatomy. When it spread to the new world, and attained a certain vogue, because credulity is an ingredient in newness, it also became blended with the revolutionary and fanatical tendencies lying near the surface in such a civilization, and accordingly was doomed, as a scientific theory of the cause of disease, when the pendulum got ready to swing back.

We have humor in America to temper our enthusiasm and our practical bent keeps us sane. Our instinct for reverence and belief in the teachings of an older civilization cannot survive our keen perception and practical judgment. A conviction of the practical worthlessness of bacteriology and its spawn, serum therapy, is strong upon us.

With the exception of the more extensive use of antiseptics, we have derived no practical assistance from bacteriology, and the hopes expressed in some quarters of a future for serum therapy are illusory. Even the usefulness antiseptics is independent of, and exists aside from, their germicidal properties, since the mild, non-toxic antiseptics give better results than more corrosive and destructive drugs. It seems to be the oxidizing and cell-stimulating properties of antiseptics which count rather than their power to destroy microbes.

And now when we have on one hand a proposition to search for a serum which will turn negroes white, and on the other one which will make us immune to cancer by poisoning our blood with the vitiated fluids of animals inoculated with cancer juice, a reaction—the forces for which have been gathering momentum for some years—is inevitable.

America is at home in the role of tearing away superstitions and traditions which obstruct progress. And, however young she may be to sit in the judgment seat, she has never yet been found wanting in the ability to "make good" her decisions.

Cosmetic Medication.

Surgery has given more attention to cosmetic art than medicine. Many doctors appear to think that medicine is above mere esthetic considerations, yet beauty, comeliness, etc., are evidences of health, resulting from good nutrition and harmonious function.

Beauty centers in the face, as that is the chief organ of expression. A porous, bumpy, greasy skin; coarse, faded, broken hair; a pasty or sallow complexion, are not only ugly, disfiguring, repulsive

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in themselves, but they imply a disordered state of circulation, especially affecting the head, impoverished nutrition of local structures, the accumulation of excrementitious products which choke up nearby lymphatics, forcing the mucous membrane of nose and throat to do some vicarious eliminating work.

Constitutional disturbances are largely responsible for the blotched, greasy skin, and the defective liver, kidneys, or sluggish digestive organs should receive proper treatment, but local measures are no less important, since chronic disease causes local changes in the circulation and innervation of diseased structures. Lymphatic spaces plugged with waste matter, atrophied capillaries, venous varicosities, torpid or irritable facial nerves, demand local treatment to remove these conditions of degeneration before a return to those of health is possible.

Massage, with an agent which will stimulate the capillary circulation, cell nutrition, and nerve function, is indicated.

℞ Ecthol.....1 drachm.
Tinct. capsicum.....1 drachm.
Lanoline.....1 ounce.

M. Ft ung. Sig.: A small quantity to be rubbed into the diseased surface, gently but thoroughly, morning and night.

This local treatment, with a drachm of Chionia and fifteen drops fluid extract cascara sagrada, after each meal, will cure a majority of greasy, pimply faces, will incidentally benefit catarrh of nose and throat, mental irritability or melancholia.

The Neurasthenic Eye.

The activities of the eye call for a large expenditure of nervous force. In certain neurasthenic and rheumatic states, the innervation and nutrition of this organ become greatly impaired. Then the use of the eyes is painful, any kind of mental concentration and application is difficult and distressing. The lids droop, rolling the eyes produces a feeling of soreness in their muscular attachments, and the individual experiences a desire to shut them very tight at frequent intervals, as though to squeeze out the excess of blood which is making the eye tender, sensitive and weak.

The majority of people whose eyes are affected in this way, fancy that they need glasses. But when the eyes are tested by a conscientious optician, no glass can be found that gives satisfaction, because there is no actual defect in the visual organ. It is simply weak and congested.

The effective way to strengthen and restore these organs is to relieve the neurasthenic state which is responsible for their debilitated condition. This may be due to excessive expenditure of nervous force in various ways, to auto-toxemia or to insufficient nourishment.

The condition of the eye affords considerable insight into health status of the individual.

The treatment is principally constitutional. Bad habits must be corrected, an abundance of sleep enjoined, costive bowels and torpid liver relieved. If there is an existent rheumatic taint, that should receive attention. Clinically, we have found the following a very good prescription:

℞ Concent. Tinct. Bryonia.....30 minims.
Celerina.....q. s. ad..... 8 ounces.

M. Sig.: One to two teaspoonfuls four times daily, with one Pil. Quin. Dad morning and night.

This treatment, with an occasional thorough flushing of the bowels with salines, will cause a manifest improvement in the functional power of the eye, which gradually loses its morbid sensitiveness as the vigor and power of the nervous system increase.

The only local treatment we have ever found avail is small blisters to the temples and nape of neck.

Eddyism and Dowieism.

The phenomena of Eddyism and Dowieism are enough to make the casual observer ask himself whether the race has made any genuine progress, when such numbers of people can be swayed by doctrines so illogical and absurd. But looking deeper, we see that it is another illustration of this democratic age. Minds feeble and untrained, awakening from the long sleep of ages, are unhealthily emotional, prone to run to excesses of opinion and fanaticism in feeling. Hence the success of fads, especially those of a religious nature.

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Education with the mass of people, proceeds just far enough to make the mind sensitive and impressionable, but leaves it narrow or shallow and uncultivated, to run wild and grow weeds. Thus is the soil prepared for fads, and when some natural-born clairvoyant and charlatan, possessed of assertive, dominant personality, comes along and skillfully works the veins of credulity and superstition lying on the surface of the mind, excitability and a natural tendency to exaggeration do the rest.

Emotional contagion, animal magnetism and suggestion have been the methods employed by religious fakirs from time immemorial. Medicine and religion are twins, however much specialism may have divorced them. Whatever be the form which such gospels and doctrines take, the above are the means invariably employed for their propagation. And the practical working of these gospels and doctrines is always to exalt and enrich the individual who "by the grace of God" has enlightened the world with his or her revelations.

When one remembers the crusades, the long journeys to sacred shrines to worship and pray, the belief in the efficacy of relics and charms, incantations and exorcism, the king's touch, etc., etc., and sees these same superstitions continually cropping up in every age, the lover of his kind is almost tempted to despair of humanity. Yet faith and belief are grand qualities of the mind. It is only in the diseased and undeveloped that they degenerate into credulity and superstition. What is, today, merely a fad, running its course and leaving men the wiser for their error, was once an universal, unquestioned belief.

Sanity, reason, logic, skepticism, are doing their work. Gradually the mind is developing the power to discriminate, to draw fine distinctions, to adhere steadfastly to that which can be demonstrated, to deduce correct principles of thought and action, and stand by them.

The subjective mind is vivid, receptive, impressionable, prone to run to extremes, needing the corrective influence of the objective mind, the mind formed and stored by the training of the senses and faculties, the proper use of reason and will-power.

As physicians, we can make use of the one central truth underlying the pretensions of "divine healers," namely, suggestion. We can treat the diseased subjective mind by making normal suggestions, and by developing the powers of the objective mind. This is properly a part of our work as healers, and when we give it the attention it deserves, we shall meet with greater success in practice, and by legitimatizing the methods of the quack, strip them of the pretentious, arrogant and egotistical claims by which charlatans have foisted themselves upon the public as persons possessed of Heaven-delegated powers.

Corrupt Beliefs Make Corrupt Men.

The moral insensibility and turpitude which bacteriology and serum therapy have developed in medical men whose hearts should be filled with sentiments of compassion and helpfulness are the natural results of handling pitch the world over.

There are many ways of reanimating the old beast of prey instinct. The Inquisition was one, when brute cruelty reveled in the expressions of physical tor ture. Bacteriology and serum therapy, as practiced in some of the Continental hospitals, are simply refinements of these tortures in the filthy and dangerous experiments practiced upon ignorant, trusting creatures. Corrupt theories always will lead to corrupt practices because the path of degeneration is so easy we are well advanced on it before we realize where we are going.

Over here in America we know of these things principally by hearsay, and our own hearts throb so warmly that we find difficulty in giving them credence, but foreign journals teem with repulsive accounts of women and children inoculated with the viruses of filth diseases for experimental purposes.

The pursuit of knowledge along selfish and decadent lines—science for science's sake — breeds arrogance, egotism, contempt, and cruelty. Divorced from humanitarian ideals of utility and responsibility, science, so-called, reverts back to the old brute struggle, when the strong, intelligent animal preyed upon the weak and foolish.

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In self-defense men must keep their hearts warm by kindness, by generosity, by right doing and right thinking. No other class requires the practice of the Golden Rule so much as the physician, both in his daily walk and as a light by which to read, a motive force to apply the discoveries and researches of science.

Hepatic Indigestion.

Many persons fancy that if the stomach and bowels perform their functions without serious evidences of trouble, their nutrition must be perfect. But the changes which take place in these organs, vital as they are, are the least important part of the work of food elaboration. The preparation which goes on in stomach and intestine is of a mechanical and chemical nature, consisting principally of a solvent and selective action, reducing and liquefying food into a thin medium, free from sources of irritation or obstruction, free also, in health, from fermentation and putrefaction, and of just the right reaction to properly stimulate the reflex nervous mechanism of the digestive mucous membrane, so that power impulses of a normal character be sent out to the other organs of the body to prepare for the phenomena of assimilation and functional activity.

But the chief work of digestion is performed in the liver and completed in the lungs. Unless the liver is healthy, its supply of blood and nervous energy normal, the patient may eat ravenously and yet progressively emaciate. Or he may be enveloped in a flabby fat, but has no strength.

Tonics, stimulants, nourishing foods, diet, exercise, nor anything else, will do a patient suffering from hepatic indigestion much good unless we improve the action of the liver. But do not prescribe drastic medicines, which "rile" the organ, sicken and depress the patient, fill the circulation with bile and cause destruction of red blood corpuscles.

Many cholagogues do more harm than good, temporarily exciting the liver into a spasmodic, exaggerated activity, from which it relapses into still greater depression. We like Chionia in teaspoonful doses three times daily, persisted in for weeks or months, if necessary, until its gentle alterative influence raises the standard of hepatic performance to normal.

Do not forget the close relation between liver and lungs. Oxygenation of the venous blood containing the elaborated food is the final step of digestion preceding assimilation. The practice of deep breathing, with moderate, daily outdoor exercise, should be assiduously cultivated by those who have inactive livers.

As the hepatic function improves, the patient will notice that he requires less food to satisfy him although he is steadily gaining strength; that if he misses a meal he does not have headaches or neuralgic pains as he did before. The food being properly prepared is well assimilated and there is always a reserve supply in the liver which can be called out in emergencies.

No Comparison.

Advocates of antitoxin constantly harp back to vaccination as substantiating the basis of action of diphtheria serum.

The two correspond in nothing. Vaccination consists in modifying the virulence of a disease virus by taking it through the cow. The animal, herself, has smallpox and the successfully vaccinated individual typifies the disease in very mild form. These are the facts altogether aside from the question of the utility of vaccination as a preventive of smallpox.

But the horse is inoculated with an artificial poison, prepared by cultivating a germ not universally admitted to be the cause of diphtheria. Many very able physicians believe diphtheria to be a constitutional disease, probably of zymotic origin (using the term in the old sense before bacteria became the "prince and power of the air.") Certainly the hematopoietic system is deranged and the organs of elimination practically paralyzed. The throat manifestation is simply the most prominent and pathognomonic symptom.

The horse inoculated with an artificial poison naturally does not have any symptom of diphtheria, but does have a degree of septicemia. How the blood of a horse which has suffered septicemia can

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help a child struggling with diphtheria would be a mystery were it not for the carbolic acid in it.

Injections of carbolic acid, made early, check the determination of blood to the head, and consequently control the engorgement and tumefaction of the throat. They also stop the destructive changes going on in the blood, giving Nature a chance to repair the damages before vitality is all dissipated.

The hocus-pocus about cells secreting a particular antitoxin to neutralize a corresponding toxin is childish nonsense and shows a want of understanding in the inventor. Such an argument is pure supposition in no way borne out by logic or facts. It attributes to the cell a kind of intelligence, powers, and properties which it does not possess. It is nothing more than an ingenious bit of speculation announced as fact by men who have become top-heavy from too much thinking along narrow lines, men not held down to the veritics by the facts of experience. Truly, "too much learning doth make one mad."

Anglo-Saxon Supremacy.

In the time to come, the struggle for commercial supremacy is going to wax bitter and desperate. While it is going on, the nations will line up accqrding to natural sympathies and evolutionary conditions. The supreme contest will be between the Slav, as represented by Russian and Continental European civilizations, and the Anglo-Saxon—English and Americans.

There is strong natural antagonism between the two. They differ in all respects; have no basis for sympathy or understanding. Ideals, character, traditions, beliefs, customs, separate them by a mighty chasm which no diplomacy can bridge securely.

On the one side, individualism with its personal liberty, freedom of conscience, independent thinking, natural sovereignty, etc. On the other despotism, governmental regulation and control, characterless, machine-made men, a rigid beaurocracy, suspicion, espionage, insincerity, treachery, unscrupulous ambition among officials.

World movements tend constantly toward centralization. This will narrow the struggle for race supremacy, and the battle will be fought over commercial extension, a thriving commerce being the foundation of a nation's prosperity and power. A decaying commerce means the loss of prestige, of credit, of all that makes a nation strong and great. Finance is the lever which operates all the practical machinery of achievement. A poor nation is a helpless nation.

It is time we were getting ready for this struggle, and the first step is an alliance, offensive and defensive, between Uncle Sam and John Bull. So far as the two nations, themselves, are concerned, so instinctive and loyal is their faith, a silent understanding would be amply sufficient. Neither could afford to see the other's existence or welfare seriously menaced, but for its good effect upon the world at large, a treaty is called for, declaring in set terms, the unalterable determination of all Anglo-Saxons, under whatever flag they muster, to fight to the bitter end to maintain the supremacy of Anglo-Saxon principles of government and social evolution.

To carry out this purpose, the Anglo-Saxon must get control of the rich markets in the Orient. Anglo-Saxon civilization in the East will develop a demand for all our surplus manufactures and agricultural products. The new South is more interested than any other section in seeing this accomplished, because of her great natural wealth and rapid manufacturing development.

Great Britain is also a manufacturing nation, but we have no quarrel with her over this. She believes in fair play and is willing to leave the door of her markets open to all. The competitive struggle, so far as she is concerned, is based upon merit. It is a race between us for manufacturing excellence, for a higher individualism, for *progress*.

But the Anglo-Saxon has nothing in common with the Slav. Negotiations between them would be built upon a quicksand, liable at any time to engulf all our calculations, if the Slav saw profit in breaking faith. We long ago left his plane of development, and consequently occupy

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a different point of view. It is with nations as with persons that the superior is likely to suffer in dealing with inferiors.

The administration of Wm. McKinley has been distinguished by an unusual amount of real statesmanship. An alliance between England and America would bring it to a close in a blaze of glory. It would be worth a great deal to our people in credit and power, as a demonstration to the world that the Anglo-Saxon is wide-awake, has taken his stand, and is prepared to meet the future.

An Aristocracy of Immortality.

A recent writer on immortality attempts to demonstrate the theory that life beyond the grave is dependent upon our natural worth and individual works in this life. He makes of immortality a sort of aristocratic estate.

His conception is feudalistic; it is simply a more scientific revamping of the old idea of predestination and election. There is a more generous flavoring of free will and choice about it, but the germ of the idea is the same.

No truly liberal man will, for a moment, accept such a theory. The strongest, most intelligent, freest man of us all is more or less an unknown quantity to himself and all the world. He represents qualities good and bad wrought in his blood by ancestors over whom he had no control. His character, his principles, his opportunities, education and habits are largely at the mercy of those who have his early training in charge. Natural inclinations, propensities, ingrained tastes, tempt him this way and that. And if the substance of such a man prove able to resist and overcome the forces of evil and disease, what can be expected of those born in the gutter, reared amid vicious surroundings, with no attempt at moral training. Yet the soul possibilities are there, however denied cultivation and expression. We can not affirm the non-existence of dumb suffering and obscure aspiration, because it has no voice to reach our ears.

No, immortality, like life and death, is a something which exists independently of our efforts or wishes. Heaven or Hell are spiritual conditions of our own making, but immortality is a something apart from them—a something infinitely more comprehensive—a conception which is now, and probably ever will be, beyond the powers of the human mind to grasp.

But it is an arrogant and intolerable assumption, egotistical and Pharisaical beyond bounds, to declare an aristocracy of immortality, and attempt to demonstrate it by the aid of science. Surely we have at least made progress enough to abandon the old, childish, vain and puerile explanation of the mysteries beyond this veil of flesh.

Evolution should have inculcated a little modesty. If our physical origin is as miserable as seems probable—from the slime of some river bank—we need not get inflated heads over the idea that whether or not we shall live again depends upon us. The race is now strong and intelligent enough to do right for right's sake. Exaggerated ideas of artificial rewards and punishments ought not to be necessary. The natural increment of the law of righteousness is all the reward we shall get, need or deserve. If you take exercise, moral, mental, or physical, you will get stronger, abler, more influential, richer in divers ways. But you need not expect a bowl of manna in addition some thousand years hence.

In the words of the generous-hearted Lincoln, "If one is immortal all are immortal." It is not that some of us are so much better than others, when all is considered, but that we are all different. The external life of the greatest among us is a poor, vain, unsatisfactory thing but for the hope of immortality. And inasmuch as this life is so crude, so unfinished, so suggestive of great possibilities of development, since in it we find no permanent peace or rest, but only a relative content; since we all come into this world under a mortgage of disease and responsibility to the race which must be worked out through strife and suffering; since one sows and another reaps, it would seem that there must be another existence to which the effects of causes may be passed on for higher and better solutions.

It is logical that the grade and standing of beings in the next phase of existence will differ, as here and now, though in what that difference may consist none of us can know. It depends upon the condi-

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tions of that life. The place assigned each will be that in which there is most room for further development. But there will be room and place for all, even the sparrow which falls to the ground.

Heredity.

The law of heredity has always interested physicians. Its nature has been much disputed. The discovery of evolution made the question more complex.

The chief division rests upon whether or no acquired characteristics are inherited. Weisman's revolutionary pronouncement appeared to threaten all our conceptions of heredity, to negative the influence of education, of all that the world of art and invention, civilization and morality can do for man.

Weisman adopted the view that the germ plasm from which the individual is fashioned is in no way affected or altered by the lives of his progenitors. That the environment, habits, vices of the parents in no way influence the hereditary status of the child.

This view seems to be an unconscious confusion of the nature of body and soul. As physicians, we know that the acquisition and cultivation of a taste for, say alcoholic beverages, will transmit a diseased state of the nerves, an impaired nutrition. Also that soul life, health and expression are influenced by the condition of the body, even as musical sounds are affected by the quality and construction of the instrument from which evoked.

It is true there are several factors which intervene to modify man's power to injure the fabric of constitution which he hands down to posterity. There is an intelligence working throughout all Nature which puts a bound to the inheritance or the manufacture of diseased tendencies. Prostitutes become sterile. The foot of Chinese babies exhibit scarcely a trace that compression had ever been practiced by foolish mothers. The principle of immunity comes into play. One part of our nature ceases to react to stimulus, and another becomes sensitive.

Natural selection in marriage tends to correct degenerative tendencies. Men and women instinctively choose mates who can supply their deficiencies with the complementary qualities. Again, Nature is a great reactionary. When one trait, quality or power becomes diseased by excess, it goes to seed in the flesh and springs up again through the mind as truly as does vegetation, under similar conditions, in the soil.

So we see, for instance, the thin, intensely nervous, unstable man or woman, increasing in flesh until they become placid and content; the Puritan and Cavalier, the aristocrat and democrat, alternating; the lymphatic, unambitious individual forced by circumstances to struggle against odds, and develop his nervous system.

But the soul is not affected by heredity, although its struggles, its opportunities, temptations, etc., are. The universality of mind throughout all the ages is too evident for us to doubt its unchanged and unchanging nature wherever it shines out clearly. Truth is forever true, whatever be the civilization of the times. More truth—that is a closer relation of truth to the affairs of life—we can have, but not different truth.

We must not confound the brain and the mind, however essential they may seem to each other. The former is a material instrument, the seat of energy and executive force. It is served by the material senses, is organized by habits of industry and application. Every healthy, well-instructed and disciplined person can have a strong brain, the obedient servant of his faculties.

The brain belongs to this world; is stored with the precepts, rules, etc., needed for guidance and progress in the things of this world. Worldly success hinges largely upon the health and strength of the brain.

But the intelligence of Nature is a very different thing. It is a manifestation, a selective, assimilative, constructive power of that entity which we call the soul. Men with brains so weakened by disease and suffering that they were unable to work except spasmodically, have been the possessors of keen and subtle intelligence, discerning the truths of life by intuition, and penetrating whither the brightest eyes and acutest ears of sense can not follow.

When we get the combination of rare intelligence and healthy, well-organized

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brain structure, we have a genius, one capable of steady application as well as lofty flights into the unknown.

To secure for all men, in the fullness of time, such an inheritance as this, the medical profession is bending its energies to understand and minister to the psychic life; to better adapt and adjust the soul and body that the former may find ready expression, and the latter become a strong and useful servant.

The laying down of animal memory at the portals of death is a thing which has perplexed many who long to believe in immortality. But reflect. The memory which is seated in the brain relates chiefly to irksome acts, to monotonous, half-mechanical habits, to small sins and petty deeds which it wearies and vexes us here to recall. Yet here we need this same memory as a guide, check and clew in our duties and relations with others.

There is a subconscious memory of the soul which exists for all that is beautiful, good and enduring in life. This we call affinity. An instantaneous recognition, appreciation, appropriation, an instinctive drawing near of the ego to divine truths, is worth all the mechanical memory of long years barren of true feeling. How often some beautiful scene, some noble sentiment, some heroic act, gives us an old, old feeling of having seen it or heard it, or done it before. It is the operation of the subconscious memory of the soul.

Enuresis.

Enuresis is a troublesome disease of childhood, and the pathology of the condition is preserved with many women and some men, as a teasing urgency to frequent micturition, with a free flow of pale, almost odorless urine. This is most marked after exposure to cold or emotional agitation, especially of an unpleasant kind.

These patients have the neurotic diathesis. They are poorly nourished, even though sometimes fleshy; their tissues are imperfectly organized, lack condensation, water preponderates; their nerve centers are unstable and extremely susceptible. They possess the hysterical, emotional temperament. All stimuli make an undue impression and call out an exaggerated response. Incontinence is, in fact, an innate quality of constitution, which they have small powers of resistance to oppose or inhibition to control.

Add to this the fact that in young children and in undeveloped men and women, as in animals, the urine is often intensely acid, having an ardent, acrid quality, and we can readily understand why we find so much difficulty in relieving these patients.

The most urgent indication is to calm the nervous excitability. Neurilla, containing the active principles of scutellaria, in teaspoonful doses four times daily, the last dose at bedtime, is an admirable and effective remedy for this purpose.

The preparation is not a narcotic, nor a sedative, but it calms and tranquilizes, lessening reflex excitability. Agitation, fear, anxiety, general nervousness, exaggerated visceral rhymths, hypersecretion etc., subsides under its use. The patient experiences a grateful sense of relief and well-being. The psychic sense of harassment, terror, impending calamity, etc., is something which strikes every physician who sees one of these patients, if he studies him as a whole. Night terrors are very frequent among children suffering from enuresis.

Sanmetto, half to a teaspoonful three times daily, in alternation with the Neurilla, will improve the quality of the urine, relieve any renal or vesical congestion, and invigorate the whole genito-urinary apparatus.

These remedies, together with the common sense, hygienic regulations which will occur to every physician, will cure a majority of cases and benefit all.

Commercialism.

All persons will admit, in the abstract, however they may deny it by their actions, that self-interest is a potent incentive to strenuous effort and nice work. When we add individual responsibility to self-interest, we remove the dangers which inhere in commercialism.

Physicians who oppose the use of the ethical proprietary medicines, do so without any substantial ground of opposition, or any clear understanding of why they

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make it. In fact, their stand is based upon an unconscious prejudice early instilled by medical instructors, who themselves received it in the same way, and which is skillfully cultivated by substitute makers. Unfortunately for progress, and for our own good, we often refuse to investigate a prejudice lest we discover the weakness of its foundations.

The world do move, however. After we have left our alma mater and found it incumbent upon us to earn our bread and butter by curing our patients, we do investigate some of our prejudices in pursuit of substantial knowledge upon which we can depend for practical results. Hence, today, the great majority of the profession have not only overcome any prejudice to proprietary medicines, but believe in them, use them daily because they can get good results with them.

True ethics is a matter of common sense and experience. A medicine is not worse but better because it is made always by the same man and protected by association with his name or trade-mark, even if he does incidentally make a handsome living out of the sale of it. The maker thus becomes directly responsible to the profession for the quality of his products; directly interested in making good medicines, for he certainly can not induce physicians to use them unless they conform to the claims made for them.

Commercialism, so far as the ethpharmal proprietaries are concerned is a senseless cry raised by substitutors to undermine a legitimate business built up on the sound business principles which must always underlie genuine ethics, and is addressed to the natural failings of humanity.

The substitutor and "just as good" man have no reason for being. Nobody wants cheap medicines at the expense of quality; shams and imitations are worthless at any price. Nobody who knows anything about the price of drugs can suppose that the price of the ethpharmal proprietaries is exorbitant. Nobody that knows anything of recent progress in pharmacy and chemistry will believe that Tom, Dick, and Harry can make a preparation in any way equal to the original manufacturer. One who knows anything of therapeutics can not deny the importance to the physician of "uniform strength and reliability" in the medicines he employs.

These considerations are matters of fact, which one's feeling about it in nowise affects. The only way to get absolutely good medicines is to prescribe the ethical proprietaries made only for physicians' prescriptions. The guarantee of a man whose business success rests entirely on the merits of his products, and whose whole time is devoted to a few specialties, is an assurance which the doctor can not afford to dispense with in a science so inexact as medicine. That the manufacturer has a financial interest in the sale of his goods only makes it more essential that these goods be held to a high standard.

The superiority of the ethpharmal proprietary preparations over those made at haphazard by persons of varying capacity, from old drugs lying around in warehouses for indefinite periods, without method or experience, is one of the indications of general progress through specialism and individualism. It has enabled medicine to advance as a practical science more than all other factors combined.

Not True.

Archbishop Ireland, of the Roman Catholic Church, is reported as saying, in a recent address: "America is inferior to other countries in intellectual culture." What other countries? Does he mean by intellectual culture knowledge of his particular theology?

American culture differs from that of other countries in its freedom from tradition, precedent, and reverence for authority, but this difference, which makes for the heart of things, so far from constituting inferiority, is the hall-mark of progress.

It is perhaps natural that self-constituted authorities, ecclesiastics, etc., should not like the American point of view, which is apt to ignore leadership unless it deals with practical issues.

The fondness for running down America is not only bad taste, but it smacks of wounded susceptibilities and hurt

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pride. Ecclesiasticism has never had a foothold in America. Here the church is a practical institution, working on a merit basis. If it survives it will be because it strives to help men through correct moral training and logical teachings with reference to practical questions. The church in America will never gain that irresponsible ascendancy and undisputed authority which the medieval church enjoyed.

Flings at American culture are out of place. Facts speak for themselves. America has steadily advanced to first place among nations. In all her activities she is second to none. American agricultural and manufacturing products are in demand. In intellectual culture she has no difficulty in holding her own. American thought is characterized by a directness, a brevity, a downrightness and objectivity which is refreshing to tired minds and saves time. Intellectual culture which is unproductive of practical results is a figment of the imagination and ranks no higher than feeling. A culture of feeling alone is dangerous because too easily subordinated by eloquence, personal magnetism, sophistry, etc. American hard-headedness is preferable for genuine progress and individual welfare.

England is the only country which can equal America in anything. There is a decadence and a falling short, a taint of superstition, a subservience to authority about the thought and the works of the nations of Continental Europe from which the Anglo-Saxon is happily free.

English speaking Protestant countries undoubtedly owe their superior progress to the refusal to submit to the dominion of ecclesiasticism. They have done their own thinking, trod new paths, experimented freely, tested all things, held fast to the practical. To-day these are the countries where comfort, cleanliness, sanitation, and other conditions essential to health and welfare may be enjoyed by the poorest, if he will have it so. In these countries medicine and pharmacy have made such phenomenal progress that pure, reliable medicines are obtainable, and trained intelligence, diagnostic acumen is the common possession of all physicians.

The Physician's Religion.

The physician, more than any other man, needs the help of an honest religious belief. He forms the most intimate and ofttimes sacred relations with his patients. There are occasions, plenty of them, when his is the only trained mind, possessed of courage and insight, present at the bed of death. Words of solace and encouragement can only come from one himself possessed of strong religious convictions. Creeds and dogmas give no comfort to the dying. They want the truth—eloquent words of one who believes—who has kept his sense of belief by trying to live up to the Golden Rule. Religious utterances in the mouths of all others, while well meaning, are awkward, insincere, unconvincing.

The physician acquires a tendency to materialism, dealing constantly with the body, tracing cause and effect to material agencies through material mediums. Biology, the law of evolution, scientific progress generally, has unsettled him, made him discontented with the old simple piety and unproved wisdom of his forefathers. Creeds and dogmas, the modern thinker discovers to be the efforts of ignorant, arbitrary minded men to elucidate and account for things they in no wise understood. They are full of pride, prejudice, egoism. He can not subscribe to them.

But religion is a necessity of the soul. All men intuitively seek out something to gratify this need. What the physician asks is that the religion offered him satisfy both mind and heart. He wants above all things to be honest. He would rather be misunderstood and reviled for his agnosticism; he would rather even endure the cruelest of all trials, to stand by silent and see his patient go down uncomforted into the dim valley, sooner than trifle with the mystery of life.

But the study of psychology promises the physician a scientific religion, a belief which confirms the intuitive wisdom of the ancients, as preserved in the Scriptures (now that we have learned to sift it from the human weakness with which it was inevitably tinctured), and is also more or less demonstrable by the laws of biology.

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We now know that the soul is a force for good or evil, and that its condition is reflected in the status of the body. That soul and body, while intimately united in every fiber and cell, operate under different laws which never cross but keep a steady parallel, interacting sympathetically on each other. The soul, being the real organic power, the body must fall to pieces when the soul leaves it. A piece of machinery depends for its coherence and working power upon the idea and purpose embodied in it.

The soul appears to act through the mind, consequently the mind should be broadened and strengthened by use. The bodily machine must be kept in harmonious working order that the soul may find ready expression. The life of the soul is expression and there can be no expression without animation. The brain, the heart, the lungs are the chief sources of animation. The limbs serve and stimulate the faculties. Digestion furnishes energy and material, for the repairs which assimilation makes. Wisely ordered activities store up latent power. A certain moral essence, spiritual faculties and powers, are distilled from our being and life taken as a whole. These constitute an intricate, organic compound of rarefied matter, which is the mechanism through which the entity may exert itself in a future existence. It is indissoluble, save through evolutionary process, because of the close affinity of its parts. For instance, courage and will, ambition and excellence, knitted together by a lifetime of practice are inseparable.

But we must get rid of the idea that the soul is an alien element, existing in natural antagonism to the body and pining to escape from its hated environment. Any appearance of friction is only present when the soul is denied free expression. Medicine the body and the mind so that obstructions and hindrances to the soul's activities be removed, that it may be storing up those moral attributes and spiritual powers which will serve it in a future existence, and the soul will show itself a gladsome thing, free from doubt, indifference, skepticism, as the eye is free from blindness when a cataract is successfully removed.

This is a religion to which the physician can give his adherence without reservation, and which the researches of the future will only strengthen. It will give him a riper understanding of life. remove the fear of death. Will enable him to approach disease with increased therapeutic resources. Do not regard the time spent on psychology as wasted. It is not a fad. Its importance may be misunderstood and abused by some, but the attention being given to it marks an era in both medicine and religion, which it promises to draw ever nearer together.

Sectarian Rivalry.

The feeling of rivalry properly belongs to an earlier age, when men, lacking real knowledge and scientific status, measured themselves by the personal standard, and opposed each other on personal grounds.

That was an age of intrigue, conspiracy, favoritism, bluff, brag, contests of brute strength. A sense of rivalry was strong, and instinctive. But science, work, progress have leavened human nature. No doubt if our understanding were broad and comprehensive enough, we should see that no man, animal or insect need interfere or conflict with others, except through accident. That each is a part of the order and economy of Nature, having its rightful use and place.

A better knowledge of the powers and limitations of each department of science, of the true application and scope of certain teachings and methods, will succeed in doing away forever with the narrowness, the hide-boundness, the intolerance of sectarianism.

For instance, there is not and can not be any genuine rivalry between the three great schools of medicine. Each excels in certain directions. Each has its natural field of application. Every doctor should know the powers and limits of the utility of each school, together with the indications for its resources.

There are patients to whom the therapeutic agents of one school are better suited than any other; there are also patients who, in the course of a stubborn malady, or at different times in their lives, will have need of all.

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Take, for illustration, a patient whose physique has undergone degeneration. The blood is too thick to circulate well, the nervous system is sunk in lethargy, tubular peristalsis and glandular activity are almost at a standstill.

At first, medicines will have little or no effect. We resort to the dynamics of the water cure and electricity, the mechanical aid of massage and joint manipulations. These means liberate the forces at their command in the body mechanism, and by their aid we lift the body to a higher plane.

Our next step might be to give alterative medicines, and in round doses, to meet the lymphatic element. As the cloud lifted from the mind, we should employ suggestion, too, to elevate the spirits that hope and ambition might aid our efforts.

By and by, when nutrition was improved, the mind normal, and sufficient nerve force was being generated, very small doses of a good medicine given intelligently, would correct sudden or slight deviations from health.

Physicians of each school of medicine succeed when they find patients whose condition is best adapted to the therapeutic resources which they control. This is why all schools continue to live. We all fail when we try to use medical agents for which the indications do not exist. In fact, it is the principle of natural selection over again.

We should all be prepared to read these indications correctly in our patients, yet how can we unless we familiarize ourselves with the knowledge of all schools, and utterly divest ourselves of prejudice. We must study what other schools know, and have done, from their standpoint, to get any benefit from the effort. However educated, we must manage to come with the minds of little children to the consideration of knowledge virile enough to live, and find demonstration, at the hands of able men, however they may differ from us in their beliefs and experience.

It is impossible in this age of the world to believe that any one man, or set of men, has all the Truth. To be a Doctor in the true sense is to know just how, when and where to use any and all the therapeutic knowledge and material which the ingenuity of man has discovered.

The Cancer Germ.

The bacteriological world is agog over the search for a cancer germ, the discovery of parasitic bodies in cancer tissue, and their supposed relation to its causation.

A contemporary writer issues a severe stricture upon the superficial character, the inexactness, the inaccuracy and general want of thoroughness which has attended these investigations. We would call attention to the fact that these same deficiencies are part and parcel of the Continental method.

One who studies this Continental method, and imbibes the spirit of such investigations, starts out to make a discovery with which his name shall be associated, possessed of a large fund of enthusiasm, a strong conviction as to what he shall find, and plenty of ingenuity with which to make cause and effect fit in with his ideas on the subject.

Starting with this mental outfit, it does not take much testing to confirm a theory. Too much thoroughness might raise inconvenient questions, and a pet idea be shorn of much of its attractiveness.

If you find something you do not understand in diseased tissue, how easy and how simple to say it causes the disease. The other supposition that diseased tissue, decadent animal matter, anywhere in the universe, in or out of the human body, in the economy of Nature affords a suitable medium for the culture of low forms of life, which propagate by reducing this matter to simpler forms, may be less interesting, but is so much more tenable that it is the ground inevitably reached by the exact, painstaking, thorough-going bacteriologist.

Inoculated germs have a disappointing way of failing to reproduce a disease unless the vital resistance is first lowered, or some local injury produced which prepares a suitable soil for germ culture. Therefore, germ agency as a cause is not, and can not, be demonstrated except by partisan methods.

All the organs and tissues of the body are subject to reversionary changes by the law of atavism. When circumstances and conditions so interfere with their nutrition and function that strength and vi-

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tality dwindle, the cell may degenerate, or revert, in type and properties, to the state of immaturity with its lavish reproduction and early death of cells. Cancer usually attacks organs which in a state of health manifest great functional and nutritional activity, such as the breast, uterus, stomach, liver, and which, reverting to a lower law of type, with energy and nutrition perverted, would naturally lead to tumor formation.

The action and reaction of forces and laws in the body, as influenced by environment, use and abuse, the part played by nutrition, etc., is yet so poorly understood by medical men, that it no doubt seems diverting and consoling to the mind, unable to grasp and deal with these profound factors in health and disease, to attribute the latter to something as simple as bacteria.

But the germ theory will not wear. No permanent advance will be made along this line. It is but a phase of medical thought, is fully satisfying only to the shallow-minded and credulous, those who are anxious to exploit themselves, and the class to whom it means a living.

Atmospheric Influences.

No physician who stops to think can have failed to observe the variations which occur in disease from year to year. Some years one part of the system suffers, in others another. Then we have variations in the type, an epidemic proving very severe at one time, at another so mild as to make the diagnosis a difficult matter.

There is little doubt that atmospheric influences are largely responsible for these variations. These influences appear to stimulate one part and depress another, to affect the quality of secretions, the rate of circulation, the generation and distribution of nervous force. They are sufficient, at times, not only to cause disease, but to induce spontaneous cures, or great improvement, in those suffering from chronic diseases.

Certain electrical and humid states of the atmosphere acidify the secretions, cause nervous headaches and mental irritability. A moist atmosphere lowers arterial tension, makes the brain dull and favors sleep. It also favors congestion of parts whose circulation is ordinarily sluggish. Consequently a damp, but warm, and more or less sunshiny spring, finds people who usually suffer from deficient skin action, afflicted with erysipelas and eruptive skin diseases generally. With a highly electrical atmosphere there will be abundant vitality and sedative, antiphlogistic treatment is called for. Moisture, without this electrical state, means debilitation, and calls for supporting treatment.

Persons who have suffered from slow digestion, owing to a dry, leathery condition of the mucous membrane, may under electrical states of the atmosphere, develop a totally new phase of digestive disorder, with intensely acid and excessive secretions, or be restored to the normal condition.

There are seasons when everybody is more or less bilious, according to temperament. Hay fever is much worse and more prevalent some summers than others. Dysentery is the favorite some falls, then again continued fever is in vogue.

Neurotic persons, invalids, convalescents, etc., suffer more from atmospheric changes than others. By keeping his weather eye open, the Doctor can so adapt his treatment as to sustain patients, avoid collapse, relapse and depression or irritation. Open fires in raw damp weather, with small quantities of nourishment frequently repeated, digestants, diffusible stimulants, the cold bath, the Pil. Quin. Dad, strychnine, and Peacock's Bromides to control congestion, artificial air currents, etc., are all valuable means which the intelligent physician can utilize to modify unfavorable atmospheric states.

Relaxed Bowels.

℞ Tinct. Opii Camph..... ½ ounce.
Spts. Camphor..... ½ ounce.
Syr Rhei ..... ½ ounce.
Syr Zingiberis.....1½ ounces.
Listerine (Lambert's) .....1 ounce.

M. Sig.: One teaspoonful every two hours until discharges become normal.

Syphilitic Pains.

The salicylate of mercury in one-quarter or one-fifth grain doses seems to be beneficial in the form of syphilis accompanied with rheumatic pains.

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[Written for the MEDICAL BRIEF.]

Episodes of a Physician's Life.

BY LEON NOEL, M. D.,
Roslindale, Mass.

No. 5.

VILLAGE MEDICAL LIFE.

Village medical life has its good features, but one must learn to recognize them. The physician ought not to think he can make a fortune there; that is too rare a case, and, besides, it is at the cost of great fatigue. But aside from that, show me the man who is so much loved, cherished, and esteemed, as the village doctor, especially if he is wise enough to restrain from meddling with politics or religion.

I never recall my first years of medical life at Fleuriais without emotion; doubtless it was mingled, unconsciously, with the sanguine anticipations of youth, and this mirage may have had something to do with making this little spot so sweetly remembered; but the fact that I was "somebody" there, had much to do with these pleasant recollections. Beyond the boulevard of Batignolles and the neighboring streets, and a few friends or acquaintances, who is there, in the great city, who knows Doctor Bitourou, even by name? There I am nothing, even less than nothing. But when in vacation time, at a period when the better class of patients are scattered to the four corners of France, when I return to Fleuriais, to spend a few days of rest there, I again become some one, some one to whom everybody bows with a cordial greeting, and to whom they do honor.

But Fleuriais had a very limited horizon. To gain advancement there was difficult and exceedingly arduous on account of certain special conditions of the country. It did not take me long to estimate just how far this modest community would meet my ambitious views, and, whether I was wrong or right, I found it insufficient. I certainly never expected to reach one of the highest positions in the medical world, but the *aurea mediocritas*, with which the wise man, in case of necessity, knows how to content himself, appeared to me to be far too modest.

My ideas quite naturally turned towards the nearest town, a sub-prefecture, the seat of a bishopric, and having a number of important manufactories, with a population of twelve thousand. Moreover, I had several relatives there, and I thought that they would constitute the kernel—the nucleus I ought to say—of a *clientele* which might increase like a ball of snow, circumstances permitting. Fleuriais, taken as a whole, offered me only a mediocre position, while, if I should happen to attain the first position in Brinville, I should have something which would satisfy my *amour-propre*, as well as the material exigencies with which I could not well dispense. I had, however, considered possible failure, and in that case I had decided to try my luck in the capital.

I therefore left Fleuriais with a determination never to return, to practise there, giving as an excuse that my relatives earnestly desired to see me established near them in Brinville, where they thought they could, in a measure, greatly contribute to my success; but it was not without deep regret that I bade adieu to the most intimate of my patients.

My first care, after arriving at Brinville, was to call upon all physicians in the place, officially registered at the sub-prefecture. In doing this I escaped the danger of taking false steps, such as visits to those of questionable standing, or of neglecting any reputable physician who might have interpreted my neglect as an intentional slight. The manner in which I was received varied greatly.

One appreciated my visit very much, perhaps, because on account of his age, and his retirement, forced upon him by his infirmities; his *confreres* and the world paid no more attention to him.

Another gave me a very sketchy picture of the little medical world at Brinville, portraying his *confreres* with a crayon somewhat sharply pointed, hoping, no doubt, that I would furnish him with ample material for one more type to adorn his gallery.

A third told me that he welcomed me to Brinville, without jealousy, because, according to him, the more doctors there were in the village, the more people there would be in need of them.

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A fourth, scarcely more than four or five years older than I, believed it his duty to give me a sermon on moral conduct. To hear him talk, it seemed that I, a new comer, had a number of duties to fulfil towards him, but must expect, on his part, only polite—and sincere—indifference.

Another did not even condescend to see me, although he was at home when I called, and I could never ascertain the cause of this reception, or, rather, lack of reception.

Two others received me in the most gracious manner, and with cordiality, which showed me at once, that all my relations with them, of whatever nature, they would be approachable, and even friendly.

In fact, it was evident to me, at first sight, that if there was some slight rivalry among the doctors at Brinville, there was yet a chance of enjoying good relations with the greater part. After studying the question of a *clientele*, I concluded that the little town was divided into a certain number of social circles, disputing among themselves for the mastery, and that all physicians were more or less dependent upon one of these sets.

The three dominant coteries—for there were others, but they were secondary—were those of the bishopric, at the head of which was the Vicomtesse of Marcie and the Vicar General; that of the Sub-Prefecture, over which the wife of an ancient deputy presided; and last, but not least, that of the shops, which was fathered by a very rich manufacturer, who was ambitious to be a deputy.

They were known, I know not for what reason, as the Mitre, the Claque, and the Blouse. Each set had its regular physician, and affairs were so clearly established and accepted, the dictates so precisely followed, that all belonging to a certain set patronized the officially recognized physician. On the one hand, this had its inconveniences from the point of view of the prospects of an increase in the number of patients, but on the other hand as a compensation, was the great advantage that the position of these physicians was a sinecure.

A situation so sharply defined naturally led to slightly strained and many times unfriendly relations between the physicians. Each one of the three, however, was perfectly honorable, and nothing could be said to diminish the esteem with which each was honored in his own coterie, but they persistently and obstinately refused to meet each other in consultation, and they did not even bow to each other when they met.

Each of these three planets had his satellite; in fact, without being absolutely and irrevocably a partisan of any one coterie, three others who were pointed out to me appeared to have quite a pronounced inclination towards one or the other set, and every one knew if one of the planets should disappear who would be the successor. But the three incumbents were of rugged health, and gave no indication of any intention of resigning or losing their enviable position, the more envied because, aside from a loyal and well paying *clientele*, there was a certain position which was an attraction; thus one was in charge of a college; another presided over the seminary, and the hospital, while the other was connected with the railroad.

As for the independent part of the population, which pretended to give adherence to no social circle, they comprised a little of everything, and formed for the physicians of Brinville a sort of floating *clientele*, the only one from which there could be any choice, and the only one available to a new comer.

My settlement at Brinville caused a certain amount of disturbance in the little medical world, but this was quickly allayed by the correctness of my conduct, and my avowed intention not to seek patients by underhanded methods, and to patiently wait until my practise should come to me, little by little, striving to glean no practise from the field which was inaccessible to me.

My first patient was a poor devil, with whom I could not make any brilliant manifestations. A messenger called upon me, one day, earnestly begging me to go to see a patient, as soon as possible, because, as he said, he was very sick. Believing that it was a case of acute disease, I quickly set out, and on the way asked the messenger how long his friend had been sick. He told me that he had been sick about six weeks, and during that time he

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had been unable to work, and was confined to his room.

That is always the way with some sick people; they do nothing, week after week, saying, "Bah! it will pass off—wait a while—it costs so much to have a doctor," etc., and then some fine day they make up their mind that they must have a doctor, and then nothing will do but that the doctor, for whom they have sent, must drop everything and run to see this poor chronic sick one. The strangest part is that the doctor does not profit by experience, and it is a long time before he learns to appreciate these improper and unreasonable demands, which are perfectly useless.

My patient in this case lived in a veritable hovel, where even the necessaries of life were wanting, where the appearance of poverty was enough to repel a constable. After prescribing for this man, and giving him directions, the poor devil hesitatingly asked me, what he owed me for my trouble. As I had not yet recovered from my annoyance at his urgent call, and as I could not pass over his method, or rather his lack of methods, I said:

"Consider my convenience next time; be a little less impatient, and take this hundred sous to buy the medicine which I have ordered. I will come again to see you without the necessity of your sending for me." Thereupon I said good-bye, leaving him somewhat disconcerted.

About the same time, a number of chronic cases, more or less abandoned by other physicians, but who had never lost hope, came to me, thinking that a young doctor might give them some encouragement. This is the unavoidable and invariable lot of new comers, in whatever place they may settle, and besides it is quite natural, and in some cases such patients present a favorable opportunity of introducing one's self to public favor. The word chronic, in fact, does not always mean incurable; far from it. The physician, unconsciously, it is true, sometimes devotes less time to such cases than to others, so that, little by little, visits are made at wider intervals, and at last some fine day the doctor learns that the patient has left him for another doctor. Under these circumstances, you bitterly say that the patient has left you, that he has acted ungratefully, and even with a lack of common decency, etc., when it is you, who, little by little, have neglected the patient, and, in reality, have left him.

I was not—I must confess—much more skilful than my predecessors, but I think I was no less so; I even had some slight success in these cases which gratified my personal pride more than I should care to relate.

Finally, at the end of the first year of practise at Brinville, when I balanced my accounts, I found an appreciable loss, as I had expected, but the loss was such that I could not persuade myself that there was any possibility before me of a brilliant future. The state of the case was about as follows:

The archbishopric's set was absolutely unattainable for me; to cultivate that field with any chance of success, I should have been obliged to feign sentiments which I did not entertain, and I had the greatest antipathy to the employment of such methods. Consequently I had nothing to expect in that quarter. One day, however, false hopes were aroused. The Vicomtesse of Marcie was interested in raising money for the benefit of Christian Schools, and with that end in view, she made a formal call upon my wife, who interpreted this call as an advance on her part, towards my professional advancement, but it was only a bit of honey to catch a golden bee.

As for the patronage of the manufacturer, it was useless to dream of that, for it was common talk that the regular physician was about to become the son-in-law of the wealthy manufacturer who presided over this set, and thus the position would be unattainable.

True, the sub-prefecture, the official world, remained; there was really some chance there, but it was not an over-desirable position. With persistent effort I might have hoped to obtain favor in that quarter, but I asked myself, admitting that my success should be as complete as I might hope, would it come up to the brilliant future which I had anticipated in my dreams at Fleuriais, in which I saw myself occupying the highest position in the town. Surely not; to believe that would be to deceive myself.

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If all that had been necessary was to struggle. I would willingly have kept up the contest, but the only course of rapidly gaining advancement was by methods of intrigue or dishonorable competition. An opportunity of this kind did occur, quite tempting at first sight. I was approached with a proposition that I become the official physician of the Society of Mutual Aid. They pretended that the incumbent, then in office, did not attend to his duties faithfully and with appropriate zeal. After having looked over their reduced fees, I refused to accept the conditions, and frankly said that if the Society did not receive the devoted care which they expected from the doctor, they alone were to blame, because they recompensed him so poorly for his services.

If I had had the slightest spirit of intrigue, this would have been too good an opportunity to lose The society would have given me the opportunity for greater advancement, more especially by devoted attention to the chief members of this interesting association. Through this society I could have approached the manufacturers, and even the official world, for the President was chief of the bureau of the sub-prefecture. But to succeed by this means, a blind conscience was necessary—something which I did not possess—and even then, to be logical, I realized that the end to be gained was not worth the effort, since, even if I attained the best position in Brinville, it would not be my ideal one. In fact, this rather limited life in the province which had all the inconveniences of country practise, with none of its advantages, had nothing to especially charm me, and there seemed no possibility that I should discover any to make the situation more favorable.

With this exception, I will own that existence at Brinville was an easy one, and, with few exceptions, it was possible to enjoy the most cordial relations with my *confreres*. Jealousy was keener, more bitter and more continual, between the physicians' wives, than between the physicians; the toilet, the *personnel* of the house, the comings and goings, the relations, all were constantly watched, commented upon, criticized and badly interpreted, or ridiculed. But I did not disturb myself about that at all. and that would not have hastened my departure from Brinville by one moment.

When the time for my departure arrived I left my second residence without the shadow of a regret. As Fleurials was remembered, with pleasure, as I had found good and firm friends there, so, on the contrary, the moment of my departure from Brinville found me indifferent as well as most of its inhabitants, who saw me depart without being affected in the slightest.

Thus it was, one beautiful morning in the springtime, Doctor Jean Bitourou said farewell to Brinville, and set out to try his fortune in that part of Paris which extends from the boulevard of Batingnolles to the church of the same name, and from the place Clichy to the place Malesherbes.

[Written for the MEDICAL BRIEF.]

Powder Stains.

BY C. H. FISHER, M. D.,
Scranton, Pa.

In the April BRIEF, B. F. S., A. M., M. D., asks for a means of removing powder stains. Let him try the following:

First, render the surface aseptic. Anesthetize with a spray of chloride of ethyl. Cover with Caroid solvent, and prick in with a number of fine needles, mounted in a cork or otherwise. Dip the needles frequently in the solvent. Cover with a layer of gauze previously soaked in the solvent. Repeat if necessary. Solvent is prepared by American Ferment Co., 81 Steuben St., Jersey City.

[Written for the MEDICAL BRIEF.]

Aphthous Stomatitis.

BY SILAS HUBBARD, M. D.,
East Aurora, N. Y.

I find by observation, that tendency to the above-named complaint of children is caused by the father chewing or smoking much tobacco.

The best cure for the disease is to give the child frequent small doses of Æthop's mineral, and to use a wash of an infusion of marshmallows to the mouth of the child, two or three times per day.

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[Written for the MEDICAL BRIEF.]

Bubonic Plague.

BY L. G. DOANE, M. D.,
New York.

The bubonic plague of India, China, and other tropical countries, does not seem to be understood by American and European physicians. The so-called authorities speak of it in a general way only, but do not give a satisfactory account of the disease.

That it is a fatal disease, no one disputes, but the symptoms of it have not been recorded as yet, and therefore no excuse is necessary for writing about it.

The usual course of the disease is marked by—

(1) Fever and chills.
(2) Headache.
(3) Diarrhea.
(4) Inflammation of the lymphatic glands of the groin and armpit.
(5) General debility.
(6) Extreme thirst.
(7) Indigestion.
(8) Vomiting.
(9) Rapid pulse, one hundred and four to one hundred and six.

The disease in its earlier periods closely resembles typhoid fever.

Now, it may be new to your readers, but it is not untruthful to say that the bubonic plague has often been mistaken for syphilis, and justly too, for in syphilitic diseases we may have all the symptoms of blood poisoning seen in this disease.

As to the cause and treatment, it may be well to call the attention of the profession to the use of calomel and quinia, and to the value of warm baths, which certainly do good service.

The disease gains a foothold upon the patient, and is only expelled through the skin and glandular systems.

The disease gains an entrance into the system through the air passages and food.

That the plague is a species of septicemia or blood poisoning, and nearly akin to syphilis, may seem doubtful, but there is ground for believing that there is much truth in the theory.

It is probably one of the most fatal diseases spoken of by physicians, and was seen in the sixteenth and seventeenth centuries, being called Black Death.

The use of quinia and calomel and warm baths, and the drainage and sewering of the cities visited, as well as the boiling and filtering of water and rigid inspection of the food products, are all essential precautions.

[Written for the MEDICAL BRIEF.]

Capillary Bronchitis and Membranous Croup.

BY J. P. CARRINGTON, M. D.,
Waller, Tex.

In reading carefully the BRIEF for May, I came across a letter by Dr. James P. Hawes, of North Hector, N. Y. This case excites my curiosity, as well as sympathy, both for the good doctor and the dear little one. If there are two diseases known to the profession that are a stunner and a problem hard to face, they are capillary bronchitis and membranous croup (true croup) in children.

It is a sad feeling for a doctor to sit quietly by, looking into that sweet little countenance fading away into eternity, and to gaze at that anxious and sad-faced mother and father, for I have just witnessed a case of croup, where all the remedies I could bring to bear did no good.

For Dr. Hawes I will add my mite and ask him to try, in his next case, wine of ipecac, with chloride ammonia; or better, carbonate ammonia, first clearing the bowels with pulv. rhei. comp.

I try tickling throat with a feather, which causes vomiting almost instantly.

You are correct, Dr. Lawrence, where prostration is near, treatment by stimulation is necessary.

I wish Dr. Hawes success with his next case. These little fellows demand more care and treatment than any one else, and they take up about two-thirds of my time and practice.

I love to read the BRIEF, its contributions, and the editorials. It is through these channels that we become more acquainted with medicine and diseases. Experience is the best teacher and exchange of views is the right idea. Let us all write more of children's diseases.

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Inquiry Department.

Intestinal Obstruction.

QUESTION:—On the first of May, a man fifty-six years old, came to be examined. He had been troubled with constipation many years, and on the sick list all winter, occasionally passing blood with the evacuations. At times he had severe colics, and piles troubled him for several years. He was a great and fast eater and smoker. His tongue was clear, pulse and heart normal, no fever. I gave him a liver tonic, with strong laxative, and ordered flushing of the colon every day.

On the first of June I was called to his home and found him in distressing colics and no passage for twelve days. He had not taken any food. His abdomen was swollen and rumbling noise from place to place in the intestines. I prescribed stronger cathartics, warm, large injections every two hours, and five grains chloral, ordering at the same time light food, little and often, etc. The first day he took too much and it made him vomit dirty bile and slime. Up to to-day he has not vomited any more. He feels easier, but no passage yet except a little diluted excrement after each injection.

What is the cause? Where is it? How to remove it? Many opinions have been given, but I rely on yours. The BRIEF has helped me before. I hope you will do so again.

Hallock, Minn. G. DEMARS, M. D.

ANSWER:—In such a case, would have patient fast twenty-four to thirty-six hours to reduce tension, and test the atropine treatment, so highly extolled by the Germans, who have ten cases of intestinal obstruction to our one. They crowd the drug, giving as high as one-thirtieth and even one-twentieth grain at a dose. However, we advise that you begin with small doses of atropine sulphate, and repeat until you get absolute, utter relaxation. Stay by your patient, although no bad results have been reported. The bowels usually move spontaneously and copiously, but we recommend tablespoonful doses of saturated solution epsom salts every hour or so for some hours after the evacuation is started to leave the intestinal mucosa drained and clean.

With impacted bowel, and a spasmodic condition, as shown by the colics, do not use drastic cathartics, which increase the irritation, and do not waste time on medicine in pill form. Drachm doses of fluid extract cascara sagrada is the most effective *purgative*, and mechanical aid is often necessary, such as ox-gall enemas and kneading of the bowel.

When you get the bowel emptied, put him on a tonic of—

℞ Acid Hydrochloric Dil.....1 ounce.
Tinct. Nuc. Vom.....1 ounce.
Chionia....q. s. ad.....8 ounces.

M. Sig.: Teaspoonful after meals, and regulate his diet.

As to the growth, it may be a hemorrhoidal tumor, polypus, etc.—ED.

Weak and Uncertain Erections.

QUESTION:—I wish you would give me some help for this case. A man, aged twenty-nine, weighing one hundred and forty-five pounds, fine mental and physical health, perfectly built, with exception of penis, which is far from a natural size. At fourteen contracted habit of masturbation and practiced it, more or less, for ten years. Barring this imperfection you could not pick out a healthier looking man than he. Can stand any amount of work, often going sixteen hours and never complaining, except of lame back. Parts cold, always cold, friction does not produce warmth except for a few minutes. Foreskin loose and all O. K. Testes not wasted, scrotum about natural. Skin and muscle seems tight, at least more so than on my own. Erections during sleep and in morning and at times when quite out of place and embarrassing.

Don't think he could produce an erection if a chance for intercourse presented, as that emotion is gone when women are around, otherwise he is fond of society.

Desires to marry and have children, so that a cure is a very important matter to him. Have tried all the usual remedies faithfully and thoroughly.

If you can suggest any means to expand the penis and warm up the parts, will be grateful to you. D. C. K., M. D.

N. Y.

ANSWER:—The first step would be to stop all heavy labor, especially such as calls for heaving, lifting, straining, wrenching, as it drains the loins of power, and often makes geldings of men as effectually as castration.

Gelsemium is often useful in impotence where the nutrition of parts has the characteristics described by you. Get a good preparation, begin with small doses, and increase, watching the effects. Alternate with—

℞ Sanmetto .....4 ounces.
Celerina .....4 ounces.

M. Sig.: Teaspoonful four times daily.—ED.

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Intestinal Toxemia.

QUESTION:—Would like the opinion of the Editor and brethren regarding the cause of the symptoms, and also the proper treatment for a case like the following:

Baby, one month old, was noticed to be indisposed in evening, sick during night, and during morning began having choking and smothering spells. Was called about noon. Found pulse one hundred and twenty, regular, and reasonably strong, temperature 97½ F.,. extremities warm, cyanotic to a small degree. Bowels not moved for four days. Not hard nor swollen. Pupils contracted at times, then dilated. A dose of oil had been given; also, a heavy dose of syrup of figs.

What was the trouble? What should have been done? It impressed us as autotoxemia. We ordered an injection and large dose of oil. Gave stimulants and antiseptics.

Some said it was "bold hives," and there did occur an eruption, covering the entire body and limbs much like measles, which lasted about two days. Baby recovered.

Will the Editor and as many of the brethren as will, give us their experience, etc.

Ind. Ty. SUBSCRIBER.

ANSWER:—Your diagnosis is probably correct, and the indications were to empty the bowels, thus relieving the tension on the brain and mechanical obstruction to circulation. In auto-toxemia, we find first spasm of the blood vessels, then relaxation, and, perhaps, effusion, somewhere, of their contents; hence the choking, blueness, lowered temperature, followed by eruption. Your treatment was good.—ED.

Paralysis.

QUESTION: I have a patient, who, when eight years old, received a wound about three inches long at junction of lower and middle third of thigh, nearly severing the rectus and vastus externus muscles. The wound gaped so it could not be brought into apposition. When the wound healed the cicatrix dipped between the ends of the muscles and became adherent to the muscles on sides and bottom of wound. It healed readily and in two weeks the boy was walking on it. It never seemed to bother him until he was twenty years old, when (March 12, 1897) it broke loose from its attachments while at school. He had done nothing on that day to cause it, but had been running and jumping previously. The cicatrix had been giving him pain for about one month, when, on March 12, 1897, the limb became paralyzed (partly so). He could move the limb, but had no strength in it. The skin became cold and the limb became edematous. After various forms of treatment the limb began to improve. It gradually grew better and in four months from beginning of the attack he could walk on it again. The limb gradually increased in strength for two years, but never attained to its former strength.

Four years later (1901), after giving evidence of weakness for about a week, on March 2, the limb became partially paralyzed again. This attack was sudden and was preceded by aching in cicatrix, which did not occur the first time. He had been doing hard work and lifting heavy lifts.

The first attack the muscles almost all over his entire body twitched, causing him much pain. The last attack the twitching is not so bad. At this writing the limb is still paralyzed. The wound was on the outer side of thigh and cut cross-wise the muscles.

Now, will the Editor, or any of the writers for the BRIEF, assist me in this case? It is a rare one to me, and I will be under obligations for any advice that is offered.

Harrisburg, Mo. J. T. WOOD, M. D.

ANSWER:—Flush out the bowels regularly with salines, as the state of the colon has much to do with the condition of the extremities. Give ten to twenty drop doses of a good fluid extract apocynum cannabinum, four times daily. Also one-sixtieth to one-thirtieth grain strychnia three times daily.

We take it for granted kidneys and liver are functionating normally, as sluggish renal and hepatic organs would intensify the leg trouble by obstructing circulation.

Massage and local applications of tincture capsicum are indicated. Capscine plaster over sacral plexus.—ED.

Orchitis or Epididymitis.

QUESTION:—I have been afflicted with mumps and its after effects for about seven or eight weeks and improve very slowly, if at all, therefore wish to ask you for a diagnosis of my case.

My condition is as follows: On the night of April 4, was taken sick with mumps and had it in both jaws at the same time. Just one week later, as I began to slightly improve, noticed a slight swelling and pain in the spermatic cord of left testicle. At once, applied antiphlogistics, which seemed to ease the pain and prevent further swelling, but did not materially reduce the cord. For the past three or four weeks I find myself practically in the same condition as at first. I have been up during this time, but have been very prudent. Am much stronger now, eat heartily; in fact, can hardly satisfy my appetite, but do not feel any better, scarcely.

The swelling still remains and the head of the testicle (left) is hard and slightly swollen, accompanied with a "dead" ache. While I do not suffer greatly, still it seems I stay down

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and can't build up. I have taken a thorough course of calomel and am now taking some good tonic pills.

The swelling of the spermatic cord is of no consequence, possibly, as it may be mere varicocele, but the trouble seems to be in the head of the testicle. The testicle itself is not swollen, but a slight pressure on it causes it to ache and throb. Have no pains, or troubles, in any part of my body, except that my back is very weak and frequently hurts or aches. If I walk half a mile or so I become completely exhausted, testicles feel very heavy and have a contracted sensation.

I have made every effort to get well, but from my symptoms there must be something wrong with testicle. Is it possible for mumps to still be in the testicle? Is the swollen and aching condition of the head of the testicle due to mumps? If not, what causes its condition?

I think the trouble is in the head of the testicle, although it may be in kidneys.

Urine is slightly colored and kidneys act about twice daily, seemingly in a proper manner. R. J., M. D.

Miss.

ANSWER:—You are not assimilating your food, hence failure to gather strength. Think the liver is not working. Take a drachm of Chionia after each meal. You will find you eat less, yet are better nourished.

The testicular neuralgia, or orchitis, is a sequela of the mumps, and lingers because of general absence of recuperative power. Kidneys share hepatic torpor.

℞ Arsenic Iodidi .....2 grains.
Lithiated Hydrangea .....8 ounces.

M. Sig.: One drachm three times daily, followed by glass of water.

Make applications of Baume Analgesique Bengue to testicle, rubbing in a piece about the size of a bean until absorbed, cover with thin layer of cotton, and support with suspensory.—ED.

Rheumatism.

QUESTION:—About four years ago I contracted rheumatism, confined principally to wrists, joints of the knees, arms, and shoulders; pop on movement. No special pain, but some soreness and stiffness of muscles, sweating of wrists occasionally.

Two years ago the ring finger (second joint), became involved. About a year since the tendon, flexor profundus digitorum, of this finger began to contract, with nodules along its palmer course for about two inches. There is now considerable deformity, with rapid progression. I think the transverse and lateral ligaments of the articulation (metacarpo phalangeal) also involved. The same finger on opposite hand became affected the same way about six months after the first one.

I lost my right leg during Civil War, and wore a peg until last fall, when I was thrown from my horse. In bed from this about six weeks.

On getting up the long muscles of stump, above knee, refused to take my weight. Am on crutches, with traumatic rheumatism, the doctors say.

Now, Mr. Editor and brother physicians, help me back on my "peg." I am almost a cripple without it, and stop this rheumatism, as I am past fifty and unmarried. I am also contending with a case of chronic acid dyspepsia. Slight constipation, liver involved, I think, complexion sallow, skin inclined to be greasy. Appetite good, no bad habits, no tobacco. Have tried iodide potash, the salicylates, colchicum, iodide of mercury, lithia, ammon. chloride, cimicifuga, etc., in various combinations. No relief.

Long may the good Editor and the BRIEF live to bless the world with lessons of wisdom, charity, and patience. E. W. CURLE, M. D.

Peete, Miss.

ANSWER:—The good appetite, in this condition of nutrition, is fictitious, due to the acid condition of stomach, sharpening the gustatory sense. Use powders of five grains each Lactopeptine and bismuth subnitrate, and carefully regulate diet. Nothing but fruit for breakfast, at lunch a small piece of meat, vegetables, toasted bread, for supper milk porridge or other light dish. Twenty drop doses elixir cas cara sagrada with one-fiftieth grain strychnine, and five grains ferri et potassii tart., three times daily.

Massage with chloroform liniment to cervical spine, over brachial plexus, arms and fingers; also small of back and the leg affected. The joints should be worked a few minutes twice daily. Buffalo Lithia Water is sometimes of great benefit — ED.

Rheumatism—Ankylosed Knee Joint.

QUESTION:—Mr. C., farmer, aged forty-five years, tall and slim. Eleven years ago afflicted with sciatic rheumatism and has been a wrecked man ever since. Last autumn had another attack, but this was constitutional, and has done no work since. Tongue red, fiery and cracked. Right arm and shoulder sore and stiff. Urine plentiful and of a reddish color. Some edema of left foot and ankle, but this is transient. Pulse seventy-two to ninety-six, but beats more violently when lying down. Slight murmur. Some epigastric pulsation. Bowels regular, subject to diarrhea through summer season. Hands and face troubled, off and on, for three years, with a fiery skin of a very red color. The skin then dies and scales

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off. Experiences no pain when passing water. Troubled with cough more or less all of the time. Had vertigo for four weeks past. Spits a great deal, especially after meals. Appetite deficient. Diet consists of mush and milk, light bread, and sweetened coffee.

Can find no trouble with liver or kidneys. Has a slick, sweetish, slimy taste all the time. Give diagnosis, prognosis, and treatment.

Give treatment for ankylosis of knee joint following synovitis of rheumatic origin in young lady; twelve months' standing.

Good luck to the BRIEF.

McD. GUINN, M. D.

Cedar Creek, Tenn.

ANSWER:—Move bowels well with epsom salts, then give—

℞ Tinct. Aconiti .....10 drops.
Tinct. Ipecac .....10 drops.
Listerine ..... 3 ounces.
Elix. Lactopeptine..q. s. ad.. 8 ounces.

M. Sig.: One to two teaspoonfuls four times daily.

Also one drachm of Sanmetto three times daily.

Honey would be a good article of diet for this man; also olive oil, if it agrees with him. Add slippery elm to all the water he drinks.

Case 2.—Practice passive movements of the knee joint to stimulate reflex functional power. Applications of dry hot air if you have a Betz apparatus; painting the knee with tincture capsicum, and enveloping same with flannels, wrung out of hot water, are good measures.

Give three grain doses of ammonium iodide with a drachm of Lithiated Hydrangea three times daily. Keep bowels regular.—ED.

Dyspeptic Vertigo.

QUESTION:—I would like diagnosis and treatment of the following cases:

Case 1.—L. S., male, age thirty-five, married. Has been in good health up to about two months ago. He was taken with a peculiar sensation, which starts at pit of stomach and spreads all over him. Sometimes two or three of these spells come on in succession and last from a half to four or five hours. During the attack he can neither sit still nor lie down, but has to keep walking. It seems to make it difficult for him to breathe. Bowels regular, heart action is good, stomach gets sour at times, then he will vomit. Hands get numb and prickle some. I have had him on acid and pepsin mixtures, heart tonics, etc., but he is getting worse.

Case 2.—F. G., male, age thirty years, married. I was called to see this patient about three years ago and found him unconscious and limbs almost rigid. Since my first visit he has had three or four of these attacks about the same in severity. He has light attacks from one to three months apart, which do not cause unconsciousness, because (as he says) they do not get to his head. This trouble starts at pit of stomach and a peculiar sensation passes up throat to his head, then he becomes unconscious, but if it stops before getting to his head, it passes off without further trouble. While this sensation is passing up throat, he has to keep swallowing, as it feels as though there was something in his throat.

Now, Mr. Editor, I would like to have your diagnosis and treatment through the next number of the best journal on earth—the BRIEF.

E. CALVIN BECHTOL, M. D.

White, Mich.

ANSWER:—Both appear to be cases of dyspeptic vertigo, differing in degree of severity and character of expression.

The aura appears to start from the stomach, and to cause vaso-motor spasm.

Add two grains of ammonium iodide to a drachm of Peacock's Bromides, put all in half glass of water, and repeat dose four times daily, between meals and at bed-time. Regulate the diet and give a drachm of Seng with two minims Fowler's solution after eating.

Every other morning, a drachm of soda phosphate in a glass of water before breakfast. Good hygiene—cold sponge baths with skin friction, etc.

If there is dilatation of stomach with prolapse, and feeble abdominal walls, an abdominal supporter should be worn.

Provide them with amyl nitrite pearls, with instructions to crush one in a handkerchief and inhale, when the aura starts. —ED.

Prostatic Enlargement.

QUESTION:—I have been afflicted with an enlarged prostate for a number of years. I felt it developing twenty years ago. Never had any great difficulty in voiding my urine until two years since. Of late I have had to use the catheter. Last week I had a copious hemorrhage from my prostate. If I could be relieved from my troubles, originating from that source, I would say that my health was first-rate for a man of my age. I am seventy years old. In your opinion, can anything be done in such cases to permanently relieve them.

Sanmetto seems to give me more relief than any other drug that I have tried. It has invariably given me temporary relief, but after abandoning its use my troubles return. What can I do for the best?

I am a very temperate man in all things except tobacco. I use that article. I chew

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only. I am a regular physician, but do the most of my riding, of late, in buggy.

Tenn. I. W. J., M. D.

ANSWER:—Would advise that you keep up the Sanmetto a year or two, if necessary, long enough to get an alterative effect. Add to it small doses of turpentine or tincture cantharides for a week or two, alternating with ten grain doses of ammonium benzoate. Use the hot sitz bath on retiring at least three times a week, urinating into the water on leaving it. Flushing the bowels well with salines two or three times a week is an additional measure of benefit.—ED.

Diarrheas and Dysenteries.

QUESTION:—I want to ask your valuable assistance in the three following bowel troubles: Summer diarrhea in children, diarrhea and dysentery in adults. These three forms of bowel trouble are severe in this section of the country and I want to get up the very best treatment for them, so I come to you. I will appreciate a full treatment for each.

Stout, Tenn. J. N. WATSON, M. D.

ANSWER:—One-tenth grain calomel with five grains subnitrate bismuth, repeated every hour or two until the character of discharges change, the retching and pains abate, is very good treatment. In young infants, you may find soda phosphate, one grain every hour or two, preferable to the calomel. Then give Listerine, one part, Elix. Lactopeptine three parts, a table to a teaspoonful every three hours, according to age.

The simpler the treatment the better.

Head and spine should be frequently sponged with cold water, the bed placed in a current of air, the child taken up occasionally and carried about on a pillow to avoid stagnation of circulation. Utmost cleanliness. No one in sick room but nurse.

In ordinary diarrheas and dysenteries, the saline treatment, with epsom salts, is very efficient, if case seen early, followed by a tonic course of strychnine, and the use of Listerine until the tendency of the intestinal secretions to deteriorate is overcome.

Diet is very important. Better use Bovinine, Panopepton, and similar prepared foods, a number of which are advertised in BRIEF. Rice boiled to a mush-like consistence is particularly good.—ED.

Sub-Involution.

QUESTION: Please give treatment for chronic sub-involution of uterus and oblige,

Mass. PRACTITIONER.

ANSWER:—Put a drachm each of Listerine and sulphate magnesium in half glass of water, to be taken on rising each morning.

℞ Ergotole ....1½ ounces.
Aletris Cordial..q. s. ad....8 ounces.
M. Sig.: Teaspoonful three times daily.

Alternate with a vaso-motor and tissue tonic containing twenty drops of the muriated tincture of iron, and two grains chlorate potash to the dose, after meals.

Sleep with foot of bed slightly elevated—no pillow—and lie down for an hour afternoons.

Locally, tampon cervix with cotton pledgets saturated in Kennedy's Pure Dark Pinus Canadensis.

Cold sponging to increase tone and reactive power; mild gymnastics to better organize tissues and squeeze out the excess of fluid, are good hygienic measures, as these patients are all lax-fibred, and loosely put together. Food should be abundant, and of a highly nourishing character.—ED.

Sexual Irritability.

QUESTION: Patient, male, aged thirty-five, weighs one hundred and thirty-six pounds. Troubled with premature emissions. Practiced self-abuse for a period of ten years before marriage. No venereal disease. Organs appear healthy and well developed. Erections fair. Says he becomes very nervous when excited. Have tried all the standard sexual remedies without relief. Look to you for assistance. J. C., M. D.

Mich.

ANSWER:—Therapeutically, give him a drachm of Neurilla, four times daily, with one one-hundredth grain strychnine sulphate three times daily. After ten days, omit the strychnine for an equal period, then repeat.

Also bring to bear the resources of hygiene and psychic medicine. Cold bathing to harden system, moderate exercise to strengthen heart and increase co-ordination of powers and faculties. Try to increase self-confidence and self-control through the exercise of will and reason. Refuse to be anxious, despondent, etc. Keep *fear away*.—ED.

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Tobacco Habit.

QUESTION: While reading the January (1900) number of the BRIEF I noticed an inquiry from C. M. Abernathy, of Tow, Tex., for a cure for the tobacco habit. There was no answer. My reason for writing is to find out if you know of any cure for the tobacco habit. Any information which you may send me will be thankfully received.

I admire the fearless way in which you are going after the advocates of "antitoxin." Being the son of a physician, I expect to some day be a practitioner myself. Thanking you in advance for any courtesy you may extend.

HERBERT HARRIS BEACHLEY.

Lincoln, Neb.

ANSWER:—Have never found anything better than—

℞ Acid. Phosphoric Dil.....1 ounce.
Cejerina .....7 ounces.
M. Sig.: Teaspoonful four times daily, with 1/50 grain strychnia at each dose.

Use Listerine, full strength, at intervals during the day as a mouth wash. This is an important point, as the relaxed, debilitated mucous membranes of mouth cause the desire for tobacco to haunt the mind. The Listerine will tone up the buccal tissues, and will aid materially in lessening the craving.—ED.

Lithemia.

QUESTION:—The enclosed case for diagnosis and treatment. I give the patient's own words, as he wrote it, describing his sensations. Has been under a good many doctors and none of them have done him any good. His family history is excellent. Please help do something for him.

Abernathy, Fla. J. D. CREAMER, M. D.

History by the patient:

"I am thirty-eight years of age and have been bilious all my life. Bowels, as a general thing, constipated until twenty-three years of age. Then a nerve tingled in the back of left shoulder, which caused a severe burning in bowels. Feet and hands burned. Palpitation of the heart and smothering spells. Bowels became regular, but without helping the cause of trouble any.

"When thirty-five years of age a nerve tingled from the pit of stomach to heart, which caused much burning and itching around it. and throbbing at pit of stomach, vertigo, and dizziness.

"At thirty-six years of age, center nerve of stomach tingled, which caused great heat and burning in stomach, itching outside and inside. Nerves tingled in back and the same procession goes on there.

"Great nervousness, sticking sensations all over me, brain burns and seems to itch at times. Cannot place my mind on any one thing long at a time, makes center nerve worse. Cannot study about my disease much without great burning and pain of center nerve. Heat seems to go into the calf of legs and work up and down there.

"I sweat a greasy, oily substance with perspiration. Hands cold and clammy all the time now. The acid in me seems to sweat out through the pores of skin; tastes acid and bitter. Urine high-colored and scalds. Taste has become greatly vitiated. Can't taste anything that is weak in flavor.

"Night emissions were frequent until center nerve tingled, since which they have stopped. Never had a venereal disease.

"It seems that the stomach disease is the great trouble now. Other parts of system feel easy. Can eat plentifully of light diet. Sit up and walk around some. Cannot write or read or talk without pain. Unmarried. Skin, dark and of a greasy appearance."

ANSWER:—The nervous system seems to be in a state of complete anarchy from perverted nutrition and function.

Give a drachm of Neurilla four times a day.

℞ Ext. Cascara Sagrada fl.....2 ounces.
Chionia .....6 ounces.
M. Sig.: Teaspoonful after each meal.

Regulate the diet, order the habits and occupations of patient intelligently with reference to his circumstances. It will take time and persistent treatment to make a cure.—ED.

Meniere's Disease.

QUESTION:—Will trouble you again concerning a patient, in whose case I have not been able to make a diagnosis, and, of course, the treatment has been, so far, unsatisfactory. At present I have him on phosphazon and strychnia.

His age is seventy-five years, has always been strictly temperate, has a good appetite and sleeps well. His occupation was, for a long time, that of a merchant; has always been a hard student and fond of reading. He is a large man. His general physique is good, has the appearance of a real healthy man. Now, his trouble is that he very often loses his balance and falls down. When he is walking says he as often falls backwards as he does forward. If he strikes his toe against anything he says he always falls. Has vertigo a great deal. In sitting down, if he leans to one side or the other or backward or forward he falls over. And in getting up he says he has to be very careful in order not to fall.

Gap Mills, W. Va. D. C. PHARR, M. D.

ANSWER:—Put him on a spare diet, purge him freely, and stop all mental work. Let him stay out-of-doors most of

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the time. Advise him to hoe his garden mornings and evenings.

It would be a good plan to starve him for two or three days, giving him nothing but water, and plenty of that. Use cold baths, fanning, etc., to brace up nervous system, when he feels like collapsing, and have him lie down a good part of the time. Non-use of the brain, utter physical relaxation and starvation, will give you low arterial tension, a re-awakening of Nature's activities, with improved elimination, and a chance to reorganize the distribution of nervous force.

A large man of this age, who is a hearty feeder, and works his brain to the exclusion of other organs, stands a very fair chance of dying suddenly of heart failure or cerebral apoplexy. Do not give him strychnine; it only makes the conditions worse.

Inquire for symptoms of ear trouble—tinnitus, deafness, etc. Also, ocular defects, and examine urine carefully.—ED.

Nervous Dyspepsia.

QUESTION:—Please prescribe for this case. For years has been a sufferer from indigestion. Of late has developed the following annoying symptoms, which I have not succeeded in removing: For eighteen months has suffered from constipation, often going a week or ten days; burning sensation like erythema, and in the winter feet are cold. At night, in bed, cannot keep them together because they burn. After dinner is sleepy, but cannot sleep. Difficulty in breathing, pain over the heart like neuralgia, but lighter. Can't get to sleep at night on account of jumping and waking up when nearly asleep. Seems as if heart stops beating and he gasps for breath. Has quit chewing and smoking for three months.

La. A NEW SUBSCRIBER.

ANSWER:—Take a drachm of phosphate soda in glass of water each morning before breakfast.

A drachm of Neurilla, four times daily between meals and at bed-time. After each meal, one teaspoonful Celerina in water. Choose diet carefully from the most digestible foods. If good milk is obtainable, let that predominate, and all foods should be cooked soft, with gravies and sauces, but without high seasoning. Avoid fried, hard, concentrated foods. Daily cold sponge baths.—ED.

Hematuria.

QUESTION:—What does the Editor think of the use of quinine in malarial hematuria?

Tenn. PRACTITIONER.

ANSWER:—We believe that quinine is indicated in malarial hematuria, as in all other malarial diseases, but should be given intelligently. In the first place, the quinine should be chemically pure, a good preparation, and given in small doses. The Pil. Quin. Dad answers these requisites.

Second, it should not be given until the work of elimination is well under way, and the congestive stage of the disease is relieved.

Gelsemium or aconite to sedate the nervous system and start up glandular action, then a cholagogue and purge. When the secretions are acting nicely, one Pil. Quin. Dad three times daily with nitric, or nitro-hydrochloric, acid, in tonic doses, will rid the system of the malarial taint. Of course, with a system full of morbific matter, dry skin and locked-up secretions generally, quinine can not exert its specific influence. But there is nothing on earth equal to it in permanently ridding the system of malarial poison.

You will find Sanmetto very valuable in controlling nephritic symptoms.—ED.

Carbolic Acid Injections.

QUESTION:—I am a new subscriber to the BRIEF and am specially interested in the article by Dr. McClintock on page 848, "Carbolic Acid in Diphtheria."

Is it asking too much to ask a repetition of the formula referred to in the first sentence. In twenty years all my diphtheria cases (not many) that carried out my treatment recovered. Two deaths. But I have never used the hypodermic treatment.

If there is a safe and satisfactory plan which the spoiled darling cannot reject, I wish to know more about it.

Whitewater, Wis. C. A. FREEMAN, M. D.

ANSWER:—Solutions of carbolic acid for hypodermic injection in diphtheria, are prepared by adding ten drops of the pure acid to a pint of distilled water. Inject a syringeful at a time.

Very good results have been obtained from the use of these injections, when made early, and they are gradually superseding antitoxin, as it becomes more and more evident to all that it is *only* the carbolic acid in diphtheria serum which does any good.—ED.

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Ulcer of Leg.

QUESTION:—Have a case of obstinate leg ulcer of seven years' standing. Healed last fall, or winter, for about two months, then ulcerated again. Now there are two ulcers about size of silver dollar and half dollar, respectively, on lower third of inner surface of leg. Seems to resist treatment. Subject, a young man about twenty or twenty-one, poor farmer, and does farm work himself. I would be glad if you would suggest a line of treatment. Health good, except ulcers above mentioned.

Hagood, S. C. M. S. KIRK, M. D.

ANSWER:—Cleanse ulcers with solution of Hydrozone until foaming ceases, then dry with absorbent cotton. Dip applicator in pure carbolic acid, and rub over ulcers. Dredge heavily with equal parts boracic acid, and subnitrate bismuth, bandage snugly, and get him to wear elastic stocking, if possible.

Raise the foot of his bed for its effect on venous circulation of limbs, and give—

℞ Ext. Hydras. Can. fl.....1 ounce.
Ecthol .....4 ounces.
Iodia .....3 ounces.
M. Sig.: Teaspoonful four times daily.

—ED.

Chorea.

QUESTION:—I have a stubborn case of chorea in girl of eleven. Have tried the usual remedies, arsenic, cimicifuga, etc. Salicylate of soda did a little better, but tore her stomach up and was so depressing I had to stop it. Can any one make any suggestion?

Mich. F. S., M. D.

ANSWER:—Think you will find what you want in Neurilla, a very fine preparation from scutellaria. It is at once calming and bracing. Give also two Cactina Pillets, with a drachm of Neurilla four times daily, and the use of cold baths.

Child should not be teased, spoiled, or over-taxed in any way. Bad management often undoes the good effects of medicines.—ED.

Baldness.

QUESTION:—Have patient, male, aged thirty-five, troubled with bald spots. Has tried a variety of simple remedies without perceptible benefit. Never had any venereal disease and seems healthy.

Ala. R. C., M. D.

ANSWER:—Paint the spots with pure carbolic acid, and when reaction subsides, apply a ten per cent chrysarobin ointment.

Examine urine for signs of kidney disease.—ED.

Antiseptics.

QUESTION:—What is the best antiseptic for internal use.

N. S. H. L., M. D.

ANSWER:—Unquestionably, we think, Listerine. It is mild, certain, non-toxic, effective. Can be given with safety and benefit to the youngest child or the oldest adult. It is one of the few medicines which, under constant use, does not wear out or cause reactionary effects. Each dose has the same cleansing, purifying anti-zymotic action.

During the hot season there is an immense number of people with nasty taste, no inclination for food, which, if taken, ferments or putrefies, causing diarrheal attacks. These people, left alone, are in a fair way to develop typhoid fever or dysentery. Listerine checks all these symptoms without systemic friction; it is a boon to the practitioner.—ED.

Alcoholism.

QUESTION:—Suggest line of treatment for victim of alcoholism.

Utah. C. E. W., M. D.

ANSWER:—Give one-eighth to one-fourth grain pilocarpine hydrochlorate three times daily to eliminate freely with drachm doses of Celerina every two hours. When the pilocarpine has done its work, substitute strychnine, one-fortieth grain three times daily for a week or so. Keep up the Celerina for some time to kill out the craving. Do not let him get constipated. Nourish well and give fruits. They are antagonistic to alcohol, so are sweets to some extent.—ED.

"Summer Complaint."

QUESTION:—I want a simple, safe and certain treatment for infantile diarrhea — one which contains no form of mercury, copper, zinc or other such drug. Who can supply it?

Pa. C. B., M. D.

ANSWER:—While waiting to hear from others, try the following:

Commence by giving a dose of castor oil, adding to it one drop spirits of turpentine and five of Papine. Then give two to four grains phosphate of soda five or six times daily, with twenty to forty drops of Listerine.

Of course, the diet and hygiene you will look out for most scrupulously.—ED.

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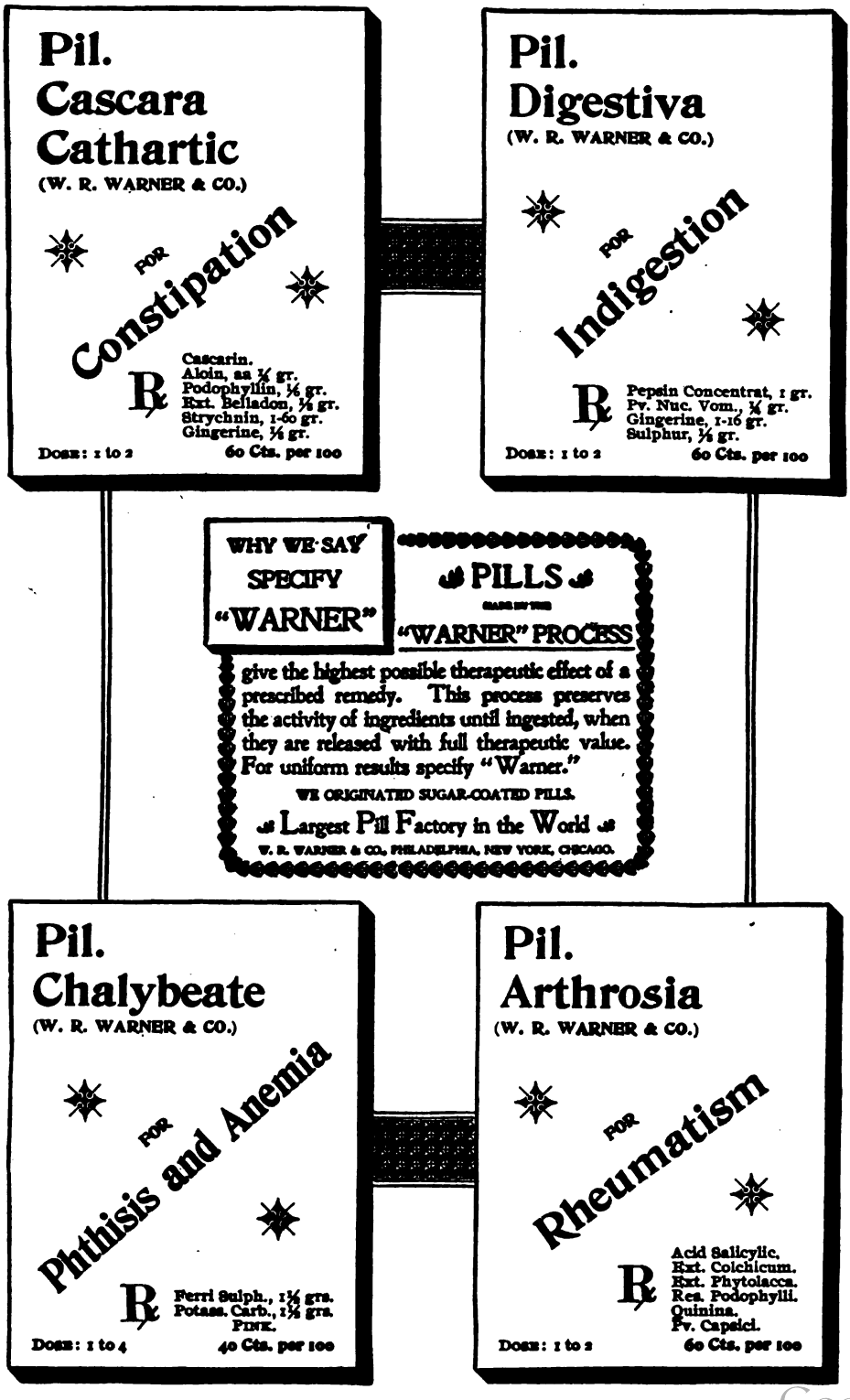

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Severe Acne.

QUESTION:—Will the Editor or some of the RELIEF'S many readers give me a sure remedy for inveterate acne, which has already caused great disfigurement and shows no sign of yielding?

Vt. H. B. S., M. D.

ANSWER:—Suppose you try the following:

℞ Iodia .....4 ounces.
Ecthol .....4 ounces.
M. Sig.: One drachm four times daily.

Apply Ecthol, full strength, to the face at intervals during the day, and on going to bed.—ED.

Depilatory.

QUESTION:—Will some one give me an effective formula for removing superfluous hair?

Mass. H. O., M. D.

ANSWER:—

℞ Quicklime .....1 part.
Soda Carb.....2 parts.
Lard .....8 parts.

Or equal parts fresh calcium sulphide and quicklime. The paste should be scraped off in two or three minutes, and reapplied, if necessary.—ED.

Dentition.

QUESTION:—Can any one furnish a safe and simple remedy for the feverishness and fretfulness of teething babies? INQUIRER.

Ky.

ANSWER:—Put a drachm of Peacock's Bromides in a glass of water, and let it sip from it at frequent intervals. Dip a large sponge in cold water, pass it up and down the spine. Also sponge the head and face. If there is any special nervousness, minute doses of Neurilla will be found helpful.—ED.

Menstrual Nervousness.

QUESTION:—Can you give me a remedy—*not an opiate nor a depressant*—for a delicate girl who suffers from menstrual headache and backache, with hysterical weakness.

N. Y. C. R. P., M. D.

ANSWER:—Believe Neurilla will give you satisfaction. Give a drachm every two hours. It is not an anodyne, nor a sedative; it simply calms and tranquilizes. No after-effect, no cumulative effect, nothing but normal quiet. It seems to slow the rate of nervous vibrations a little. Try it.—ED.

SENG

INDICATED IN

STOMACH DERANGEMENTS.

SENG

Increases the flow of the digestive juices, thereby causing the stomach to do its own work, without the aid of artificial digestants.

DOSE: One or more teaspoonfuls three times a day.

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PAPINE

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Morphine Habit.

QUESTION:—Old gentleman, some seventy years of age, became addicted to the morphine habit. He was treated and was "cured," as he considered it.

In February last he was taken sick with the "grippe," and I was called upon to attend him. He had a long and severe spell of it and came very near dying from pure prostration. Is much better now, and walking about, but greatly reduced in flesh and strength.

During his illness I found it absolutely necessary to use an anodyne in some form or other for the control of the symptoms he had. I decided upon the acetate of opium (black drop) in doses of twenty drops three times a day, and it certainly proved of material benefit in saving his life.

Now comes the trouble.

Since his recovery he is still using the black drop, in larger doses than I ever gave him, *and cannot leave it off*. What shall I do?

I have thought of the use of Papine as a substitute, and by the judicious use of this article, to gradually quit the whole opium habit. Do you think this would do?

PRACTITIONER.

ANSWER:—Papine is the best and safest form in which an opiate can be given. It does not derange the digestive functions, nor lock up the secretions to the extent that morphia does, it is also easier to quit it. You can try substituting Papine for black drop, with advantage to your patient, but quit opiates in general as soon as possible.

Try—

℞ Tinct. Capsici .....1½ ounces.
Tinct. Avena Sat.....1½ ounces.
Celerina..q. s. ad.....8 ounces.
M. Sig.: Teaspoonful every two hours.

Saline purgations, cold sponge baths, repeated small quantities of nourishment, a little strychnine.

If stomach revolts when opiate is discontinued, one-tenth grain doses of calomel will usually quiet it.—ED.

Cholera Infantum.

QUESTION:—I am a beginner in the field and would like a reliable recipe for the treatment of cholera infantum in babies.

Wis. R. H., M. D.

ANSWER:—Here is one which has stood the test of experience. Mix well a grain each of chlorate potash and calomel, and divide into ten powders. Give one every ten minutes. Then begin and give Listerine in half to drachm doses every four hours until convalescence is established. —ED.

Cystitis.

QUESTION:—Can you give me any assistance in a course of treatment for the following case?

Young man, thirty-five years old, has discharge of a whitish mucus, with pains in the pubic region, and also in the deep urethra, for upwards of two years. Suffers at times with seminal emissions at night, which are entirely devoid of their usual characteristic odor.

There is also lack of prostatic secretion during any sexual excitement. Urine ammoniacal and clouded. Pains in back and head, being at times very light headed. Is easily fatigued, but otherwise in good health. It appears to me that this is a case of inflammation of the prostate, extending to the bladder. These symptoms have their origin in youthful indiscretions. Shall be glad if you can enlighten me as to treatment.

Cal. E. A. M., M. D.

ANSWER:—Get a good preparation of gelsemium and give in two to five drop doses five or six times daily, until the pains in head and back diminish. Give, also, drachm doses of Sanmetto, with ten grains ammonium benzoate, three times a day for weeks.

Sexual rest of mind and body must be absolute during treatment, that the nerve centers involved may have freedom from stimulation, and accumulate reserve force.

Cold baths, nourishing diet, good habits, early hours, avoidance of constipation, and the following tonic injection:

℞ Kennedy's Dark Pinus Can..1½ ounces.
Listerine ..... ½ ounce.
Aquæ .....6 ounces.
M. Sig.: Inject at night.

—ED.

Fibromata.

QUESTION:—Please give me diagnosis and treatment for my son. He has three small lumps growing about one inch above the navel, all close together. The largest one is about as big as a quail's egg. It has been about eight years since it first appeared. Gets sore at times, but has no other trouble except occasional sour stomach. He is twenty-three years old. Has always been stout and is at work now all the time. He runs a saw and grist mill and thinks the growths started from leaning over a box dipping corn. Have not done anything as yet in the way of treatment. Please give me assistance. He is healthy every way except the trouble I speak of.

JNO. W. LOVAN, M. D.

Siloam Springs, Mo.

ANSWER:—Consult an experienced surgeon. The treatment is surgical.—ED.

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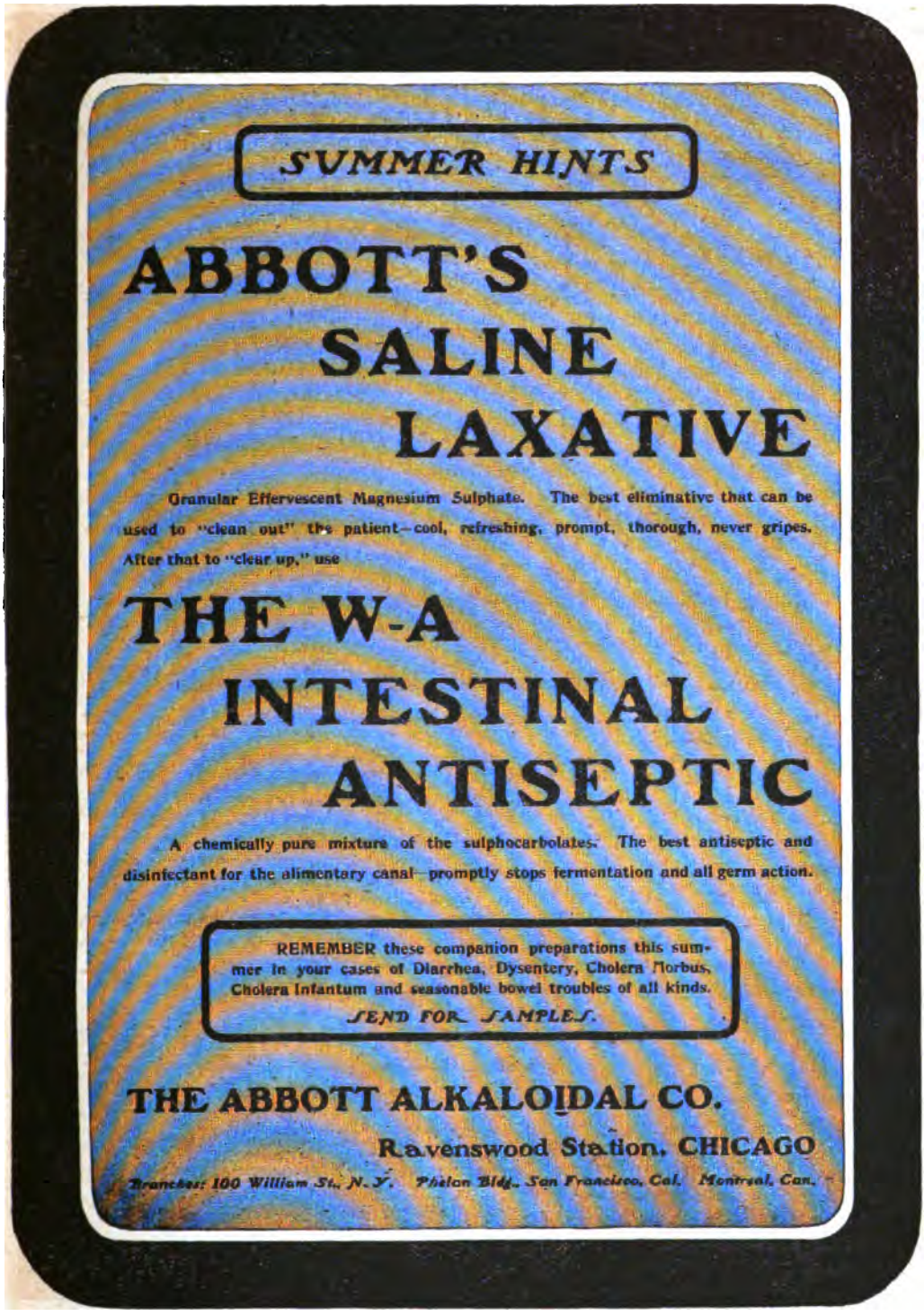
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ABBOTT'S
SALINE
LAXATIVE
Granular Effervescent Magnesium Sulphate. The best eliminative that can be used to "clean out" the patient—cool, refreshing, prompt, thorough, never gripes. After that to "clear up," use
THE W-A
INTESTINAL
ANTISEPTIC
A chemically pure mixture of the sulphocarbolates. The best antiseptic and disinfectant for the alimentary canal—promptly stops fermentation and all germ action.
REMEMBER these companion preparations this summer in your cases of Diarrhea, Dysentery, Cholera Morbus, Cholera Infantum and seasonable bowel troubles of all kinds.
SEND FOR SAMPLES.
THE ABBOTT ALKALOIDAL CO.
Ravenswood Station, CHICAGO
Branches: 100 William St., N. Y. Phelan Bldg., San Francisco, Cal. Montreal, Can.

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Traumatic Epilepsy.

QUESTION:—Please give me your ideas on treatment of following case: Child fell from bed at age of four months, the back of head striking floor. The day following she had a fit which lasted four hours. For the next three days her left leg and arm were drawn behind her at each convulsion. She has had epileptic fits ever since. One time she missed three months during which time she was given turpentine every morning.

She is now twelve years old. Aside from fits she is otherwise healthy. She has depression in back of head which can be easily felt. Give your idea about trephining skull; as to prognosis and immediate danger to patient.

Fisher, Ark. YOUNG PHYSICIAN.

ANSWER:—You do not say what the present character of the fits is, whether there has been any amelioration or increase of severity, or whether her mentality is affected.

Try what bromides can do in the way of controlling spasms. Give a drachm of Peacock's Bromides three times daily between meals, and a teaspoonful of Iodia in water after meals. Keep up this treatment with short intermissions for many months, perhaps twelve to twenty-four.

About the trephining, consult an experienced surgeon; it is an operation requiring skill and delicacy.—ED.

Insomnia.

QUESTION:—Have a troublesome case of insomnia. Drugs relieve but effect only temporary. How shall I cure him?

Pa. W. G., M. D.

ANSWER:—Find the cause. Is it worry, indigestion, constipation, over-exertion, or kidney disease? Treat the cause. No mental work at night. Heavy suppers, tea and coffee, to be eschewed. Sleep on the right side. Remain out in the fresh air

(Continued on page 1220.)

SYRUPUS ROBORANS.

SYRUP HYPOPHOSPHITES COMP. WITH QUININE. STRYCHNINE AND MANGANESE.

1-128 grain Strychnine to teaspoonful.

The pharmaceutical skill displayed in making this favorite compound more stable and agreeable deserves the approbation of the profession.

Syrupus Roborans as a Tonic During Convalescence has no Equal.

As a nerve stimulant and restorative in wasting and debilitating diseases, as a constructive agent in Insomnia, Pneumonia, Tuberculosis, Bronchial Asthma, Marasmus, Strumous Diseases and General Debility, this compound has no superior. Owing to the solubility of the salts, addition can be made of Fowler's Solution, Syrup Iod. Iron, Iod. Potass., etc., giving the advantages of those remedies without interfering with the stability of the preparations. **SYRUPUS ROBORANS** is a perfect solution, and will keep in any climate.

DR. W. O. ROBERTS says: "In cases convalescing from 'La Grippe' Syrupus Roborans has no equal."

MESSRS. ARTHUR PETER & CO., Louisville, Ky.

GENTLEMEN:—The excellence of your preparations—"**SYRUPUS ROBORANS**" and "**PEPTIC ESSENCE COMP.**"—cannot be questioned. I use both in my practice, and have always been pleased with the effect of each.

Respectfully,

J. M. MATHEWS, A. M., M. D.,

Prof. of Surg. and Diseases of Rectum, Hosp. Coll. of Med.; ex-Pres. Am. Med. Ass'n and Miss. Valley Med. Ass'n; Pres. Ky. State Board of Health.

PETER'S PEPTIC ESSENCE COMP.

A POWERFUL DIGESTIVE FLUID IN PALATABLE FORM.

Please note that Essence and Elixir Pepsin contain only Pepsin, while in **Peter's Peptic Essence Comp.** we have all the digestive ferments. These are preserved in solution with C. P. Glycerine in a manner retaining their full therapeutic value, which is exerted in and beyond the stomach.

It is a Stomachic Tonic, and relieves Indigestion, Flatulency, and has the remarkable property of arresting vomiting during pregnancy. It is a remedy of great value in Gastralgia, Enteralgia, Cholera Infantum, and intestinal derangements, especially those of an inflammatory character. For nursing mothers and teething children it has no superior. Besides mere digestive properties, Pepsin and Pancreatine have powerful soothing and sedative effects, and are, therefore, indicated in all gastric and intestinal derangements, and especially in inflammatory conditions. It is perfectly miscible with any appropriate medium. In certain cases the addition of TR. NUX VOMICA gives much satisfaction. Please write for **Peter's Peptic Essence Comp.** and you will not be disappointed. These preparations are held strictly in the hands of the medical profession, never having been advertised as popular remedies, nor put up with wrappers and circulars expatiating on the use of the Hypophosphites or Digestives, thus educating the public in the use of these valuable compounds.

Samples Sent upon Application. **Express Charges at Your Expense.**

For Sale by all Druggists. **ARTHUR PETER & CO., Louisville, Kentucky.**

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MALARIA is much more pleasantly and satisfactorily handled with the new tasteless quinine than with old fashioned bitter sulphate. When patients object to taking the old forms of this remedy, order

EUQUININE

and win their regards for yourself as a kind, considerate physician

"I am perfectly delighted with it in every respect."—DR. J. H. LAUK, Leander, Tex.
"It acted like a charm."—DR. G. W. HARGEST, Brooklyn, N. Y.
"A splendid substitute for quinine sulphate."—DR. W. FLITCROFT, Paterson, N. J.

SUMMER DIARRHEAS are promptly checked when the offensive intestinal contents are expelled by a cathartic and the secretions controlled by

TANNALBIN

This new astringent acts only in the intestines. Here are a few among many commendations:

"Tannalbin should be known by all physicians. Nothing like it in Diarrheas of all kinds." "DR. CHAS. DAUSERAN, Woonsocket, R. I.
"I have found Tannalbin superior to any other remedy in irritations or catarrhal conditions of the bowels."—DR. H. T. WOLFF, Marion, Texas.
"Giving great satisfaction in the various diarrheas."—PROF. J. T. MOORE, Hamline University.

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FLAVELL'S ELASTIC TRUSSES,

Can be Worn Day and Night.

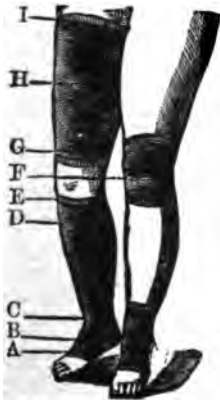
SINGLE TRUSS.	Adults.
A. Plain	$1.50
B. Fine	2.00
C. Silk	2.50
DOUBLE TRUSS.	**Adults.**
A. Plain	$2.50
B. Fine	3.00
C. Silk	4.00

Pneumatic Pads.

Give circumference of abdomen on line of Rupture. State if for Right or Left.

ELASTIC STOCKINGS.

Give exact Circumference and Length in all cases.



Net Price to Physicians.	Silk each	Thread each
A to E	$2.50	$1.50
A to G	4.00	2.50
A to I	5.50	4.00
C to E	1.50	1.00
E to G	1.50	1.00
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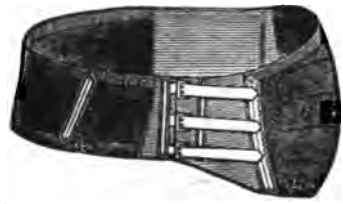
G. W. FLAVELL & BRO.,
1005 Spring Garden St., Philadelphia, Pa.

ABDOMINAL SUPPORTER.

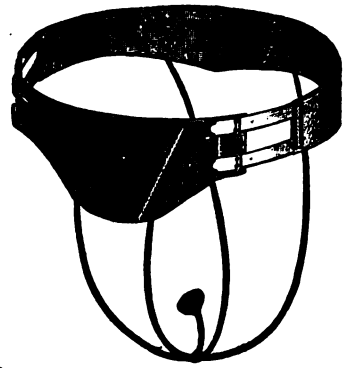
Give exact circumference of abdomen at K, L, M.



Silk Elastic $3.25
Thread Elastic 2.50

Flavell's Uterine Supporter.

Give measure 2 inches below Navel. State if for Prolapsus, Retroversion, or Anteversion.



Net Price to Physicians, $2.50.

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for an hour or so engaged in pleasant but unstimulating conversation before retiring.

Bromidia is the best hypnotic, a small teaspoonful in glass of vichy water, taken when the patient begins to undress. Use it every other night, then every third night, gradually discontinuing.—ED.

Varicose Veins.

QUESTION:—Kindly give me some assistance in handling a case of varicose veins of the lower extremities. S. J., M. D.
Ohio.

ANSWER:—Give a drachm of Chionia after each meal, and for fifteen days in each month a pill containing three-fourths grain each of ergotine and extract of hamamelis, with one-sixtieth grain strychnine sulphate.

Avoid standing position, garters and other tight clothing. Elastic stocking. Foot of bed to be raised. An occasional saline purge.—ED.

Chronic Diarrhea.

QUESTION:—Can you give me some help in a case of chronic diarrhea? Would like, also, to hear from some of the brethren who have "won out" in the treatment of this trouble.
Mo. H. A., M. D.

ANSWER:—Try—

℞ Liq. Pot. Ars.....2 drachms.
Papine .....2 ounces.
Seng....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful after meals.

Let patient have a glass of warm milk four to six times daily, sipping it slowly. May use also Bovinine and similar concentrated foods in limited quantities, but avoid over-taxing digestive organs, and do not return to ordinary diet until the *diarrhea is checked*. Must also avoid overexertion, getting excited or over-heated.—ED.

Vaginismus

QUESTION:—Is there any treatment, other than operative, for the condition known as vaginismus?
Pa. A. C., M. D.

ANSWER:—If the parts appear normal, and there is no apparent source of irritation, try hot sitz baths, full doses of gelsemium, and locally the insertion of capsules filled with aristol at intervals, as indicated.—ED.

Gastralgia.

QUESTION:—Some help in a case of painful digestion, please. Patient well nourished and gives no other evidences of indigestion. Can eat anything he wants, but digestion is accompanied by distressing sensations. Has tried dieting and refraining from food for twelve to twenty-four hours, but the pain is even worse at such times. A hypodermic of morphia and atropia, or a dose of aromatic spts. ammonia and paregoric give relief, but would like a cure.
Ind. W. A., M. D.

ANSWER:—The affection is neuralgic.

℞ Liq. Pot. Ars..... 2 drachms.
Seng..q. s. ad..... 8 ounces.
M. Sig.: Teaspoonful four times daily, the arsenic to be gradually increased as above.

You will get the best results from small, frequent meals, eating slowly, and masticating thoroughly. All water to be sipped. Lying down on the right side, during digestion, will often mitigate pain.

Counter irritation over upper dorsal spine.—ED.

Varicose Ulcers.

QUESTION:—Can you give me any assistance in a case of varicose ulcers?
La. H. G., M. D.

ANSWER:—Try applications of tincture aloes. Wash the ulcers clean, dry out with absorbent cotton, and paint with the tincture. A third application will usually suffice for severe cases.

Should any inflammation occur, or purulent discharge be observed, at once remove dressings, cleanse and repaint the ulcer. Utmost cleanliness absolutely necessary.

Keep the bowels acting adequately.—ED.

Hydrocele.

QUESTION:—What do you think of the injection treatment of hydrocele, and what is the best drug to use?
Md. PRACTITIONER.

ANSWER:—The injection treatment is effective with those whose blood and tissues contain sufficient heat and vitality to respond adequately to the injection. Carbolic acid and tincture iodine are largely used, but we think an injection of thuja, full strength, about four drachms, will give you best satisfaction. Where the part affected is feeble, relaxed, flabby, blood cool and sluggish, an injection of liquid petrolatum might afford mechanical support to blood vessels.—ED.

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A Vitalizing Tonic to the Reproductive System.

SANMETTO

FOR

GENITO-URINARY DISEASES

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

**Prostatic Troubles of Old Men—Pre-Senility,
Difficult Micturition—Urethral Inflammation,
Ovarian Pains—Irritable Bladder.**

POSITIVE MERIT AS A REBUILDER

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., NEW YORK.

PRE-SENILITY.

PRE-SENILITY or premature old age, is a too early decline of the virile and physical powers, manifested by a commencing decadence of the reproductive glands—such as a wasting or atrophy of either the Prostate, Testes, Mammæ or Ovaries—caused by masturbation, sexual excesses or sedentary habits.

SANMETTO is the indicated remedy, as it is unexcelled as a vitalizing tonic to the withered glands of the reproductive system, promoting their normal secretory activity. Its continued and regular use for some weeks produces results which are satisfactory to both physician and patient.

SANMETTO is a true TONIC, not a stimulant, to the reproductive organs and mucous surfaces, hence its use for a sufficient period restores their normal functions.

OD CHEM. CO., NEW YORK.

See Pages 1222, 1223 and 1224.

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Functional and Organic Bladder Troubles, and Urinary Deposits and Gravel.

I have long been familiar with and made use of Sanmetto. I make frequent use of it in my own household, for my father. He has, at frequent intervals, diminished and difficult flow of urine, accompanied sometimes by brick-dust sediment, and occasionally by passage of gravel. The use of Sanmetto for a few days does away with this condition. I have used Sanmetto successfully in various functional and organic bladder troubles, and have come to depend on it in such cases. ALLEN BURDICK, M. D.

Boston, Mass.

Nocturnal Enuresis and Cystitis.

I take pleasure in giving results with Sanmetto in the following cases: Case I. P. W., aged fifteen, male, in apparent good health, had been afflicted with nocturnal enuresis from infancy. He had also been under treatment by several physicians, without relief. I prescribed:

℞ Sanmetto..... 4 ounces.
Sig.: One drachm three or four times daily.
℞ Tr. Fer. Chlor..... 2 drachms.
Quin. Sulph..... ½ drachm.
Strych. Sulph..... 1 grain.
Glycer..... ½ ounce.
Aquæ.....q. s. ad ..... 4 ounces.
M. Sig.: One drachm three times daily.

Patient was relieved second or third night, and has been well ever since.

Case 2. R. S., aged fifty, female, had been in bad health for years, with pelvic and intestinal troubles, but their nature was unknown to me. She consulted me for chronic cystitis. I prescribed Sanmetto one drachm three or four times daily, which gave prompt relief.

P. P. LORDACHER, M. D.

Burkmont, N. C.

Enuresis, Cystitis and Enlarged Prostate, and Dropsical Conditions.

Sanmetto has done more for three of my patients than any preparation I ever used in over twenty years' practice. One bottle and part of another of Sanmetto entirely cured the worst case of bed-wetting I ever saw. The boy, twelve years of age, could not be seen in company, night or day. He was so nervous the family were fearful of his mind. He is now entirely cured, and attending school every day. The next case, that of Mr. G., sixty-seven years of age, contracted cystitis and enlargement of the prostate gland, from gonorrhea, when young, and is now entirely cured, after taking three bottles of Sanmetto. His own words were, that "this is the only medicine that ever helped me." He is constantly praising Sanmetto. The third case was that of a girl three years of age, suffering from dropsy, from birth. Sanmetto entirely cured her, and the case is so remarkable it is the talk of the whole neighborhood. The child born previous to her died from hydrocephalus, and the one born since is apparently afflicted in the same way. I am prescribing Sanmetto for it, and shall report the outcome of the case. M. HENRY MCGUIRE, M. D.

Valley Center, Mich.

Specific Infection of the Bladder.

Where I have found the indication for saw palmetto and santalwood in combination, experience has proven that Sanmetto will give the best results. Especially have I found it useful in specific infection of the bladder, where, by increasing the dose to two teaspoonfuls, frequently repeated, I have found the urine to clear from pus and blood, in a very short time. It certainly has been a big boom to my practice. I have used it for the last three years, and have never seen it fail to do all that is claimed for it, when the genuine Sanmetto was used, and I can recommend it in all bladder and kidney troubles. JNO. A. ALLEY, M. D.

Atlanta, Ga.

Sanmetto a Classic.

Sanmetto is a classic. It is a specific in the cases in which it is claimed to be indicated. The originator of Sanmetto has happily hit upon a combination that will be of incalculable service to humanity. I can cheerfully commend it for all urinary troubles as better than anything heretofore or since combined for its object.

J. R. HAYES, M. D.

Washington, D. C.

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Genito-Urinary Troubles.

I have thoroughly tested the medicine known as Sanmetto, and I believe it to be one of the very best remedies known to the medical profession. Indeed, I believe it surpasses in therapeutical value all other drugs known to the *materia medica*, for urinary troubles. I advise my medical friends to use it in all urinary trouble, such as calculi, cystitis, urethritis, prostatitis, etc., and they will find that it will give entire satisfaction.

W. S. RANDOLPH, M. D.
Dodge, Texas.

Enuresis Nocturna.

With greatest pleasure I testify to the merits of Sanmetto, for all urinary affections. I shall certainly continue the further use of Sanmetto I recommend it to my brother practitioners for nocturnal enuresis, with the assurance that they will not be disappointed in giving this remedy a fair and impartial trial, wherever indicated. F. HENRY DODGE, M. D.
Lake Mills, Wis.

Gleet.

I have used Sanmetto successfully during the last year, in two cases of obstinate gleet, following gonorrhea, where there was a slight discharge, which I had failed to cure, after a long treatment with the usual remedies. Shall continue to use it more frequently.

I. R. GOODSPEED, M. D.
San Mateo, Cal.

Sanmetto an Exceedingly Fine Preparation.

Sanmetto is an exceedingly fine preparation. I prescribe it in my practice, and find that it does all claimed for it.

J. SIMS, M. D.
Malcom, Ky.

Cystitis.

I used Sanmetto in cystitis, with good success. CHAS. W. SIMPSON, M. D.
Waxahachie, Texas.

Kidney and Bladder Troubles.

I have given Sanmetto a thorough test. Have used it with many patients, and it affords me pleasure to say that I have never been disappointed in any case yet. This is the first time I have ever indorsed any special preparation, but I must confess that in all kidney and bladder troubles, Sanmetto has no equal.

J. R. S. PITTS, M. D.
Waynesboro, Miss.

Cystitis.

I used Sanmetto in a case of cystitis of long standing (there was likewise some kidney trouble) with very beneficial results The patient has now taken two bottles of Sanmetto, and says he feels better than he has felt for a number of years. I shall continue to use Sanmetto in all suitable cases.

W. E. LIGHTLE, M. D.
North Berwick, Me.

Genito-Urinary Diseases.

I will state that I prescribe Sanmetto many times throughout the year, with the best of results. It is needless to specify any particular trouble in which I prescribe Sanmetto, for it is one of the very best remedies we have, in genito-urinary troubles, a panacea, as it were.

L. W. WHITNEY, M. D.
Chicago, Ill.

Cystitis and Enuresis.

Sanmetto is all it is claimed to be. The results from it, in cystitis and incontinence of urine, are all a physician can desire I have been using it, and intend to use it, in all cases wherein it is indicated.

O. F ERNST, M. D.
New Orleans, La.

Bladder and Prostatic Troubles.

The results have been highly satisfactory where I have prescribed Sanmetto in diseases of the bladder and prostate.

D. H. VAUGHN, M. D.
Gordon, Ala.

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Prostatitis.

I used Sanmetto in a case of prostatitis and it proved entirely satisfactory. I have since used it several times, in similar troubles. R. H. LAWRENCE, M. D.
Chicago, Ill.

Diseases of the Genito-Urinary Organs.

It affords me pleasure to testify to the curative effects of Sanmetto, in diseases of the genito-urinary organs, which I have experienced in my practice for several years.

T. LLOYD CAREY, M. D., L. M. OF I.
Chicago, Ill.

Genito-Urinary Cases.

I am pleased to state that my use of Sanmetto has been attended with uniformly good results in my treatment of genito-urinary cases, both the specific and non-specific varieties, more especially in the chronic forms.

ROBERT A. JONES, M. D.
Birmingham, Ala.

With Gratifying Results.

It affords me great pleasure to say that in what few cases I have used Sanmetto I have received most gratifying results.

C. J. VAUGHAN, M. D.
Atlanta, Ga.

Pre-Senility.

I used a bottle of Sanmetto in a case of pre-senility, and it acted like a charm. That and one other bottle has effected a perfect cure.

S. M. RICHARDSON, M. D.
Matamoras, Ohio.

Irritable Bladder.

I used a bottle of Sanmetto in a case of irritable bladder, and found it all I could desire in the case.

W. V. DANIELS, M. D.
Marion, Ind.

Urinary Troubles.

I have used Sanmetto in the past, and have found it quite satisfactory in cases of urinary troubles. I have frequent opportunity to prescribe it in my private cases. H. D. WELLS, M. D.
Middleburg, N. Y.

Diseases of the Genito-Urinary Tract.

I have been prescribing Sanmetto for two or three years in all diseases of the genito-urinary tract, with excellent results. I am much pleased with it.

B. F. COULTER, M. D.
Philadelphia, Pa..

Prostatic Troubles.

So far as I have used Sanmetto I find it acts well, especially in prostatic troubles. S. J. BROWNSON, A. M., M. D.
Fort Worth, Texas.

Prostatitis.

Sanmetto has given great satisfaction in a case of acute prostatitis. I have instructed my druggist to keep a supply of Sanmetto on hand.

THOS. KEEFE, M. D.
Snohomish, Wash.

Enuresis.

I am using Sanmetto on a child for incontinence of urine, and find it acts admirably. Shall continue using it.

MYRON M. METZ, M. D.
Williamsville, N. Y.

Incontinence of Urine.

I gave Sanmetto to a little girl for incontinence of urine. While taking it she urinated almost continually, both night and day, followed after a few days with severe inflammation of genito-urinary organs. I stopped giving it for a while, and all the inflammation disappeared, and she is much improved. I shall begin giving Sanmetto to her again this week.

P. E. REID, M. D.
Worcester, Mass.

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INSOMNIA

China's favorite punishment of criminals is the continuous prevention of sleep. After seven or eight days of this excruciating torture the victim becomes either a maniac or a corpse.

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Daniel's Concentrated Tincture Passiflora Incarnata,

a preparation of the May Pop or Passion Flower, possesses the virtue of inducing healthful sleep which, disappearing, leaves the patient in a normal state, with nerves reposeful and mental faculties refreshed.

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DIET versus DRUGS.

The matter of diet is occupying the minds of the Medical Profession more to-day than ever. The question is: what diet to prescribe. What every invalid, no matter what the disease, requires is nourishment that is highly assimilable, digestible and nutritious, besides necessitating as little bulk as possible.

Plasmon

fills all of these requirements. It contains over ninety per cent pure milk albumin. It is not a substitute, but it is ALBUMIN. It will digest to the extent of 99.4 of its bulk, and assimilate ninety-four per cent. It contains neither fat, sugar nor alkali, and it is in no sense of the word a DRUG, but a tasteless, odorless and soluble food.

"It is SUPERIOR even to meat in nutrient value."—*Virchow.*

It causes no rise in temperature in febrile states, but maintains the strength. Wherever a nutrient is indicated, PLASMON will be found to be ahead of any other food known.

Literature, Samples, etc., postpaid, on request.

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Glaucoma.

QUESTION:—What is the prognosis of chronic glaucoma, and is medical treatment of any benefit whatever?

Texas. D. C., M. D.

ANSWER:—The prognosis is uncertain, hinging upon a number of varying factors. Medical treatment can do much to keep the disease in check. The persistent use of myotics in conjunction with bromides and quinine are the indicated measures.

One to two drachms of Peacock's Bromides at bedtime, with one Pil. Quin. Dad three times daily.

Instillations of a solution of eserine or pilocarpine in alternation or combination should be practiced once daily.

At the end of six weeks, stop all treatment for ten days, then resume, and keep up indefinitely.—ED.

Wounds and Bruises.

QUESTION:—What will best and quickest remove the discoloration from a bruised and blackened eye? Beefsteak poultices are objectionable to many people.

Mich. C. L., M. D.

ANSWER:—Take equal parts Listerine and tincture capsicum annuum, add a few drops of glycerine, and paint the bruised surface with a camel's hair pencil. Put on several coats, allowing each to dry first.

In the red stage, pure Listerine, used plentifully, will prevent effusion or cause rapid absorption.

Where tissues are gangrenous with threatening suppuration, Ecthol, full strength, is the best preparation to use locally.—ED.

Orchitis.

QUESTION: — Would like treatment for swelled testicles, following mumps.

Kan. J. G. S., M. D.

ANSWER:—Make application of a thick paste of subnitrate bismuth and water. It is cooling and soothing. Under its use, the swelling soon subsides. Give a morning purge of salines for a few mornings.—ED.

Urticaria.

QUESTION:—Woman, aged forty-three, somewhat fleshy, apparently healthy and in good circumstances, complains of an eruption coming on suddenly in large splotches, with shortness of breath, choking sensations and followed by diarrhea lasting a day or two. These attacks are precipitated by excitement, getting overheated and sometimes by no cause at all that she can see. What is this trouble? Digestion is good, bowels regular, heart sound. Give treatment also and oblige.

Va. AN OLD READER.

ANSWER:—Think it is an evidence of disturbed nervous equilibrium produced by the menopause.

Give her a drachm of Neurilla four times daily, to calm reflex excitability, and get a better distribution of nervous force, with two grains phosphate of soda every two hours to relieve plethora of the capillaries.—ED.

Facial Eczema.

QUESTION:—Can any one give me a reliable local application for persistent facial eczema in a child of sixteen months, apparently healthy?

Ind. MEDICUS.

ANSWER:—Try—

℞ Acid Carbolic .....10 grains.
Acetanilid .....30 grains.
Petrolatum ..... 1 ounce.
M. Ft. ung.

Wash the patches thoroughly with castile soap and water, dry carefully and rub in a small bit of the ointment three times daily. See that the child is given water regularly and not overfed.—ED.

Hemorrhage into Vitreous.

QUESTION:—What is the best drug to use to promote absorption in hemorrhage into the vitreous?

N. Y. M. D. M., M. D.

ANSWER:—Frequently repeated small doses of sodium iodide or one-tenth grain doses of pilocarpine hydrochlorate, give good results. The iodine salt combines well with Peacock's Bromides, the latter preventing determination of blood to the head, and controlling symptoms of iodism.—ED.

MORPHINE FREE TRIAL TREATMENT Most remarkable home remedy ever discovered for OPIUM MORPHINE, LAUDANUM and other drug habits. Harmless; painless. Contains Great Vital Principle heretofore unknown. Refractory Cases solicited. Confidential correspondence invited from all, especially physicians. We ask closest investigation. ST. JAMES SOCIETY, 1181 Broadway, New York City, N. Y.

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Arsycodile (*Cacodylate of Soda*) Pills, plain or Ferruginous.
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" " Solution for Rectal Injection.
Suppositories.

When prescribing specify which is required.

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Academy of Medicine
(Session of June 14th, 1892).

Affections of the Liver

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Special Dosage for Children of 3 to 6 years of age.

Academy of Sciences
(Session of August 1st, 1892).

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Painful Erections.

QUESTION:—Kindly give a remedy to control painful erections during gonorrhea.

Vt. A. E. H., M. D.

ANSWER:—Anointing the penis with petrolatum will sometimes relieve immediately. If desired, you can add one part of methyl salicylate to each ten parts of the unguent. Prolonged hot sitz baths are helpful. Keep down congestion with large doses of salines, and cut short the gonorrhea by giving a drachm of Sanmetto with ten grains citrate of potash every four hours. Light diet, principally fluid.—ED.

Chorea.

QUESTION:—Boy, seven years old, has been suffering from chorea the past eighteen months. Tried arsenic, chloral, salicylate of soda, cimicifuga. What next?

Cal. H. H. L., M. D.

ANSWER:—Put him on Neurilla, a small teaspoonful four times daily, and keep it up for some time. Early bed-time, cold sponging, quietude.—ED.

Tinea Tonsurans.

QUESTION:—Kindly give a sure cure for ringworm of the scalp in children.

H. P., M. D.

ANSWER:—A strong solution of common salt applied to the scalp each night is as good as anything. Wash off in the morning with solution of boracic acid.—ED.

Sexual Neurasthenia, or Impotence of Women.

QUESTION:—Would appreciate any information concerning the best treatment for the above-named ailment. G. P. GIBNER, M. D.

Swan, Tex.

Exophthalmic Goitre.

QUESTION:—Want treatment for case of exophthalmic goitre. Eyes prominent and staring; heart very rapid. E. L. H., M. D.

ANSWER:—Give twenty grains soda phosphate with two Cactina Pillets, three or four times daily. Peacock's Bromides, in small doses, for a long time, is an excellent remedy in this affection.—ED.

PAVARA PILLS
are prepared especially for the treatment of Constipation. They produce natural movements of the bowels, without pain, nausea, or any inconvenience, and are the most perfect laxative and alterative ever known. These pills have a world-wide reputation, among physicians, for being the standard remedy for
Constipation.
For constipation during pregnancy, these pills are a perfect remedy. Formula printed on outside label. Trial samples will be mailed free to any practising physician.
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Marvelous Display of Mind Control.

A Prominent Railroad Man's Remarkable Experience.

F. H. STOUFER.

Intense excitement prevails among the upper social circles of Pueblo, Col. On every hand people are discussing the subject of mind control. They stand amazed at the seemingly miraculous power displayed by Mr. F. H. Stoufer, Secretary and Treasurer of the Order of Railway Conductors. Mr. Stoufer has a very magnetic personality, and any one meeting him, recognizes instantly that he is no ordinary man. He is engaged in business, however, and does not care to give public exhibitions of his ability, but at a social gathering the other evening, he gave some remarkable tests of mental control. The people present were interested, mystified, and astounded.

He so influenced the mind of a member of the party, a man of sixty years of age, that he caused him to run through the streets of Pueblo, shouting "Red hot peanuts for sale!" and nothing could stop him. He disregarded police officials, and everybody and everything. A young man, who had never made a speech before in his life, was made to deliver a splendid political speech. The same gentleman under this strange mental influence insisted upon a lady in the party accepting a brick for a plate of cream. Another person was led to believe that a chair was a red hot stove. As a crowning test of the evening, a young man was put into a deep sleep, and needles thrust into his flesh without causing him pain or injury.

Besides being able to royally entertain his friends, Mr. Stoufer has demonstrated almost miraculous power in healing the sick and curing bad habits of all kinds. He has won the confidence and heartfelt gratitude of scores of people who have come to him in the very depths of despair of ever being cured. People who have been treated by him for all sorts of physical ills say they feel his mighty power the moment he touches them, and their pain is instantly relieved.

Mr. Stoufer is a man of power and influence in his community, honored and respected, but he has not always been able to do the wonderful things he does now. He attributes the development of his peculiar mental power to the study of Personal Magnetism. In discussing the subject, Mr. Stoufer said: "Some people wonder at the power I possess, but anybody can acquire this strange, mysterious mental influence. I have learned all that I know. Years ago I recognized the value of personal magnetism as a factor in promoting success. I determined to master this subject, but I was unable to secure proper instruction until one day I happened to read a notice of a free book on personal magnetism, which was advertised by the New York Institute of Science. I wrote for this book, and to it I owe my success. I soon learned how to develop and use this power. I have cured many people of chronic diseases when they have been pronounced incurable by physicians; I have cured the liquor habit when everything else has failed. I have completely changed the disposition of children, eradicating all evil tendencies. I think every mother and every father ought to understand and use this wonderful power for self-improvement and for the improvement of their children. It is my honest opinion that there is nothing which will better one's condition in life so much as a thorough study of Personal Magnetism, Hypnotism, and Magnetic Healing. These sciences give one the very key to business and social success. They enable us to triumph over obstacles, to achieve, to win."

The book which Mr. Stoufer refers to above is entitled "The Philosophy of Personal Magnetism." You can get a copy absolutely free by sending your name and address to the New York Institute of Science, Department AG11, Rochester, N. Y. The free edition is limited, and to be sure of getting a copy, you had better write to-day.

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Vesical Paralysis.

QUESTION:—What is the best remedy for paralysis of bladder?

Md. INQUIRER.

ANSWER:—Strychnine or gelsemium might prove useful according to the nature of the paralysis. Sometimes small doses of tincture cantharides—the fraction of a drop, frequently repeated, answers when all else fails. Throwing a large amount of very warm water into the bowel will often cause the bladder to empty itself perfectly. The sound of running water helps by suggestion.—ED.

Psoriasis.

QUESTION:—Have exhausted myself in the treatment of a case of psoriasis, with only temporary results. Can any of the readers help me out? D. G., M. D.

Va.

ANSWER:—While you wait, try—

℞ Ammon. Sulph.-ichthyolat... 2 drachms.
Acid Arsenlosi ..... 3 grains.
Pulv. Pip. Nig.....60 grains.
Pulv. Glyc. Rad.....60 grains.

M. Ft. Pil. No. 90.
Sig.: One after each meal gradually increasing the amount of arsenic until the maximum dose of 1/18 gr. is reached.—ED.

[Written for the MEDICAL BRIEF.]

The Office of the Appendix Vermiformis.

BY A. B. WOODWARD, M. D.,

Tunkhannock, Pa.

While watching a severe case of incipient diphtheria to-night, and having a hard fight against being coerced into using antitoxin, I am thinking over another "Idea" which I was reading recently, the gist of it being that the Almighty Creator, in creating the "appendix vermiformis," created a superfluous thing, a thing of no use in the economy whatever. Listen! When doctors become wiser than God, I class them with the antitoxin venders.

A thing so plain as the function of the "appendix," is unwise to ignore. Its location even, is sufficient to prove God's wisdom in placing it at that point. Its location being just in front of the cecum, where impaction and consequent irritation to a greater or less extent is so often found, and, its function being a secretory organ, who can overlook, or doubt, the fact of its being placed at that point to secrete mucus for the lubrication of the "ileo cecal valve," to facilitate the passage of the feces through that point of change from the small bowels to the ascending colon.

It is very strange, indeed, that there is not more trouble at that point than there is, when we consider the way people live and abuse their bowels, by diet, and allowing their livers to become torpid.

In far the greater per cent of cases of so-called appendicitis, the inflammation commences at the entrance of the cecal valve, and extends back into illium, thence into the appendix after the serum becomes exhausted from the appendix, it having been overtaxed in secreting to relieve the "sick valve" in carrying the passage through that point.

The abuse of the stomach, liver, and bowels, through gormandizing and carelessness, is the predisposing cause of all cases of typhillitis, which is the incipient stage of most cases of so-called appendicitis, and the reason of more recent cases than formerly, is, first, faster living; secondly, an advance in antiseptic surgery, especially, advance in prices for expert surgery. The work is needed to support the popular expert operators.

Erysipelas.

Boric acid, mixed with linseed meal poultices, is highly recommended in the treatment of erysipelas.

We will **POSITIVELY GUARANTEE TO CURE** any case of

MORPHINISM or ALCOHOLISM

in existence, regardless of quantity used, length of time used or physical condition of patient. The treatment is the best and easiest in existence. We treat more cases of this character than any similar institution in the world. Patients come here from everywhere. We can give you by permission, names of parties cured in your own city or State. Treatment will not cost one cent until patient is free of medicines of every description for at least one week, and eating, sleeping and feeling well. Term of treatment, three weeks. Special rates to physicians and their families **OLD HOMESTEAD SANATORIUM,** MEMPHIS, TENN., U. S. A.

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and all other drug addictions cured without pain or loss of sleep by a new

Hypo-Substitute for Opiates

Can be used either hypodermically or internally. Send for sample, but do not state how much drug patient is using. It is as efficacious in one case as another. Open formula.
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This fact makes them most desirable for any one who needs a watch as nearly exact as human ingenuity and skill can make it, and the "Paragon" is therefore especially recommended to physicians.

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—BY—

R. C. BAYLY, A. M. M. D.

This book should be in the hands of every Physician and Lawyer in the United States. It discusses with ability the rights and privileges of Doctors in every State. Doctors going into other States, and young Physicians, entering their high profession, should be posted against those who rob them under forms of law.

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Dr. R. C. BAYLY, Decatur, Ill.

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Doctor!

Prescribe Pil. Quin. Dad, and avoid the tinnitus, itching, headache, and nausea of ordinary quinine. Pil. Quin. Dad is *an absolutely pure product*, and *is very much more efficient* in the treatment of Malaria, Fevers and Colds.

I have used Pil. Quin. Dad in my own family recently, and I am much pleased with them.

G. T. CARPENTER, M. D.
Chicago, Ill.

I have tried Pil. Quin. Dad, and find it a decided success. No ringing in the ears, and did the work in splendid shape.

W. W. CROOK, M. D.
Cheyenne, Wyo.

I like Pil. Quin. Dad, finding that it is very efficient, and shall be pleased to use same in my practice.

R. BROUGHTON, M. D.
Riverside, Ill.

Six (6) grains seem to be equal to ten (10) of other makes of quinine.

C. F. KYTE, M. D.
Jersey City, N. J.

I have used Pil. Quin. Dad in my own family, and find that it can be recommended as having all the good qualities of the ordinary pill, and being devoid of some of those which have heretofore been objected to.

E. MURRAY-AARON, M. D.
Washington, D. C. (Lanier Heights).

Pil. Quin. Dad has been received, and in my use of same, I find them as represented.

W. J. LUMSDEN, M. D.
Elizabeth, N. C.

Dad's Quinine Pills received and tested, and find them very satisfactory.

J. W. SHAFER, M. D.
Cartwright, Pa.

Pil. Quin. Dad has been used in my own family, and gave satisfaction.

R. A. LANCASTER, M. D.
Gainesville, Fla.

I have had occasion to use Pil. Quin. Dad on myself while suffering from a severe attack of the grippe, and must say that the effect was very satisfactory, indeed.

J. Q. ALLEN, M. D.
Telluride, Col.

I have used Pil. Quin. Dad with satisfactory results, and believe that you should have large demand for them.

A. J. KAHN, M. D.
Napa, Cal.

My experience with Pil. Quin. Dad, though limited, has been satisfactory.

J. M. BROWN, M. D.
Philadelphia, Pa.

I have used Pil. Quin. Dad in two cases of fever, where the patients were usually very much affected by the ordinary commercial article. They have taken your product with no disturbance whatever, and I find I can give it to children with all safety.

J. W. WELCH, M. D.
Aultman, Ariz.

Your Pil. Quin. Dad was received, and it so happened that just at that time I had two cases of malarial gastritis. One patient was a married lady, fifty-one years of age. She could retain absolutely nothing on her stomach. After quieting the stomach, I was able to use Pil. Quin. Dad when I could not have used the ordinary sulphate.

E. C. DUKES, M. D.
Lookout, Mo.

I found Pil. Quin. Dad to be all you claim for same. I am recommending them, and shall use them hereafter in my practice.

F. H. PAYNE, M. D.
Berkeley, Cal.

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It is excellent.

C. L. WILBUR, M. D.

Lansing, Mich.

I have used Pil. Quin. Dad, and like their action very much.

MARCEL PIETRZYCKI, M. D.

Dayton, Wash.

I find Dad's Quinine Pills to be an excellent preparation.

J. H. SHORTER, M. D.

Macon, Ga.

I have used Pil. Quin. Dad, and was well pleased with the results.

PAUL M. RAYSOR, M. D.

Bryan, Tex.

Pil. Quin. Dad has been received, and I have used same in a case where a pure product was indicated, and with very satisfactory results.

J. E. PRATHER, M. D.

Glasgow, Ill.

Pil. Quin. Dad received and tested. I am pleased to say that the results were highly gratifying.

J. T. WILLIS, M. D.

Sulphur Springs, Col.

I have had occasion this week to test Pil. Quin. Dad. They gave the best of results. They are certainly a very superior Quinine.

O. B. KIRKPATRICK, M. D.

Cherry Fork, Ohio.

I was impressed with the elegance of Pil. Quin. Dad, and prescribed some recently in a case of intermittent fever with entirely satisfactory results. I shall use them further in my practice.

N. E. WHITEHEAD, M. D.

Greenwood, Miss.

Your preparation of Pil. Quin. Dad has given entire satisfaction.

J. C. PANNENBORG, M. D.

Hammond, Ind.

I have used Dad's Quinine Pills on myself. I find that they do not produce tinnitus aurium, nor any other disagreeable symptoms of the nervous system. For myself, and delicate lady patients who have used the drug under my prescription, I shall continue their use.

W. H. MCCLAIN, M. D.

Conrad, Iowa.

I have used Pil. Quin. Dad, and find them very satisfactory.

H. M. SKILLMAN, M. D.

Lexington, Ky.

I have used Pil. Quin. Dad on myself, and I am well pleased with its action. The pills are very well made, and attractive in appearance.

P. R. CORTELYOU, M. D.

Marietta, Ga.

Pil. Quin. Dad is most satisfactory; and I shall be pleased to prescribe them when an occasion arises.

A. A. CANNADAY, M. D.

Roanoke, Va.

I have used Pil. Quin. Dad, and am well pleased with the results.

H. LOGAN, M. D.

The Dalles, Ore.

I have used Pil. Quin. Dad in my own case, and believe they are superior, both in quality and composition.

F. A. WEIR, M. D.

Pasadena, Cal.

I find Pil. Quin. Dad all right.

C. T. KEMMERER, M. D.

Eldridge, Iowa.

Pil. Quin. Dad has been tested on myself. They are very satisfactory, and though my experience has been limited to a small quantity, and while "one swallow doesn't make a summer," still I feel inclined to say that it is all you claim for it.

P. A. GORDON, M. D.

Junction City, Ohio.

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Pil. Quin. Dad used in a case of grip with a person who had a most irritable stomach, and would not take the ordinary preparation, previously used. I am highly gratified with the results produced with your product since there were no evil after effects. I will always use your drug in the future in preference to other preparations.

H. J. CRUMPTON, M. D.
Sausalito, Cal.

I have used Pil. Quin. Dad, and I am very much pleased with the results.

W. H. MARSH, M. D.
Solomon's, Md.

I have used Pil. Quin. Dad and have received prompt and satisfactory response from them. L. D. JOHNSON, M. D.
Whittier, Cal.

I have used Pil. Quin. Dad recently in a case of Influenza, and like them very much. FRANK FINNEY, M. D.
La Junta, Colo.

I have used Pil. Quin. Dad for some time in my practice and with very satisfactory results. H. S. ORME, M. D.
Los Angeles, Cal.

Pil. Quin. Dad received and used in a case of the Grip with satisfactory results.

E. W. TRUEWORTHY, M. D.
Lowell, Mass.

I wish to say that Pil. Quin. Dad gave satisfactory results, and that I shall not hesitate to prescribed them in cases where Quinine is indicated.

J. W. STARR, M. D.
Lacona, Iowa.

I have used Pil. Quin. Dad and have found same satisfactory in every way.

M. M. DOUGHERTY, M. D.
Mechanicsburg, Pa.

I think your product, "Pil. Quin. Dad," very good. E. E. HOLT, M. D.
Portland, Me.

I have had the pleasure of testing Pil. Quin. Dad, and find them as you have recommended. W. H. MERRITT, M. D.
Pleasantville, Iowa.

I am wonderfully well pleased with Pil. Quin. Dad, and will continue to prescribe them. J. H. HOPSON, M. D.
St. Matthews, Ky.

I have used Dad's Quinine with gratifying results where other quinine salts produced bad effects. I have had no complaint from patients using your preparation, and think you have an admirable article. L. P. DURRETT, M. D.
Louisville (Prestonia), Ky.

Soon after receiving Pil. Quin. Dad I had an attack of Remittent Fever, and decided to try your pills. They had an excellent effect, and I believe them to be composed of pure Quinine, and shall recommend them to my patients.

J. T. COTTON, M. D.
Charleston, W. Va.

I beg to state that I have used Pil. Quin. Dad in combination with phenacetin in a severe case of the grippe, and that my patient has acted nicely under this remedy.

DONALD CAMPBELL, M. D.
Butte, Mont.

Pil. Quin. Dad is found to be very satisfactory. C. W. FASSETT, M. D.,
Editor of St. Joseph *Medical Herald*.
St. Joseph, Mo.

I have used Pil. Quin. Dad in my practice, and find them reliable.

GEORGE WESTLAKE, M. D.
Red Bluff, Cal.

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In regard to the Pil. Quin. Dad recently sent me, I wish to state that the effect is all that could be desired from quinine, and that I am so well pleased, I shall use it wherever quinine is indicated.

JOHN W. WARNER, M. D.
Saratoga Springs, N. Y.

I am pleased to assure you that Pil. Quin. Dad is a great success, and will fill a long-felt want with malarial subjects. I gave your pills lately to a lady who had averred that she could not take quinine, and she suffered no inconvenience from their use. I have instructed my druggist to lay in a stock of Pil. Quin. Dad.

J. A. H. MILLER, M. D.
Princeton, Ky.

Univer. of Louisville, Ky., 1889; Surg. of the I. C. R. R.; Member Amer. Med. Assn.; International Assn. of Ry. Surg.; Ky. State and S. W. Ky. Med. Socs.; Health Officer, Caldwell Co., Ky.; Med. Examiner Mut. Benefit Ins. Co., Newark, N. J.; Washington, U. S., Manhattan and Germania Life Ins. Cos.; N. Y., Penn. Mut. Life Ins. Co., Phila. Pa.; Nederland Life Ins. Co.; Aetna Life and Conn. Mut. Life Ins. Cos., Hartford, Conn.; Pacific Mut. Life Ins. Co., San Francisco, Cal., and Provident Savings Assn. Soc., New York.

Pil. Quin. Dad is most satisfactory, and I shall be pleased to prescribe them when an occasion arises.

A. A. CANNADAY, M. D.,
Roanoke, Va.

N. Y. Univ. Med. Dept.; Univ. Med. Coll. '88; Special Course Eye, Ear, Nose & Throat, N. Y. Polyclinic Med. School & Hosp. 1893; Special Course Eye, Ophthalmic & Aural Inst., N. Y., 1899-1900; Mem. Amer. Med. Assn.; U. S. Pension Examining Surg. and Sec. Local Board of same; Ex-city Phys. '96-97; Med. Examiner Hartford Life, Germania and Union Central Life Ins. Cos.; Knights Templar & Masonic Mut. Aid Assn.; Oculist to Southern Orphans' Home, Salem, Va. Practice limited to the eye, ear, nose, and throat.

I wish to say that your Pil. Quin. Dad is evidently a pure quinine and quite soluble, and, in these respects, is preferable to many of the unsoluble pills found on the market.

BYRON DE WITT, M. D.
Oswego, N. Y.

Several weeks ago, I received Pil. Quin. Dad, and my experience with it on myself in a case of the grippe is very satisfactory, there being no tinnitus with them in my case whatever, other preparations of quinine causing severe ringing of the ears.

C. S. PAYNE, M. D.
Liberty, N. Y.

Have used Pil. Quin. Dad where quinine seemed to be indicated, and found it to act with the desired effect. I am also pleased with the manner in which it is put up.

T. E. ANDERSON, M. D.
Statesville, N. C.

I have made use of Pil. Quin. Dad recently in my practice, and I am well pleased with their effects. As I took a portion of same myself, I can say that I believe that they are the best quinine I have had occasion to use. They are more soluble, and produce less ringing in the ears than any form I have ever taken.

H. J. POWERS, M. D.
Ogden, Utah.

I have given your pills (Pil. Quin. Dad) to a patient recently, and they have produced desired effect. They acted without causing any disagreeable sensations.

W. GREENSHIELDS, M. D.,
Univ. of Glasgow, Scot., 1859.
Romeo, Mich.

Pil. Quin. Dad has been used with results most satisfactory. I have asked my druggist to order a liberal supply, that I may prescribe them in the future.

H. S. BELL, M. D.
Kearney, Neb.

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CLINICAL PATHOLOGY OF THE BLOOD. A Treatise on the General Principles and Special Applications of Hematology. By James Ewing, M. D., Professor of Pathology in Cornell University Medical College, New York City. In one handsome octavo volume of four hundred and thirty-two pages, with twenty-eight engravings and fourteen full-page plates in colors. Just ready. Philadelphia and New York: Lea Brothers & Co. Price, Cloth, $3.50.

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(Continued on page 1238.)

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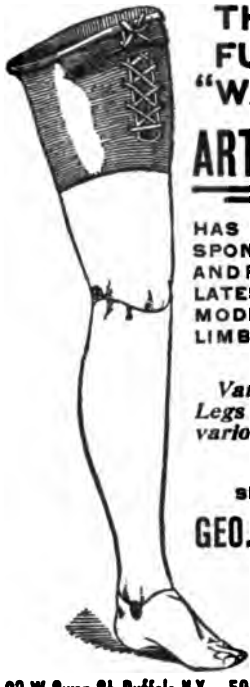

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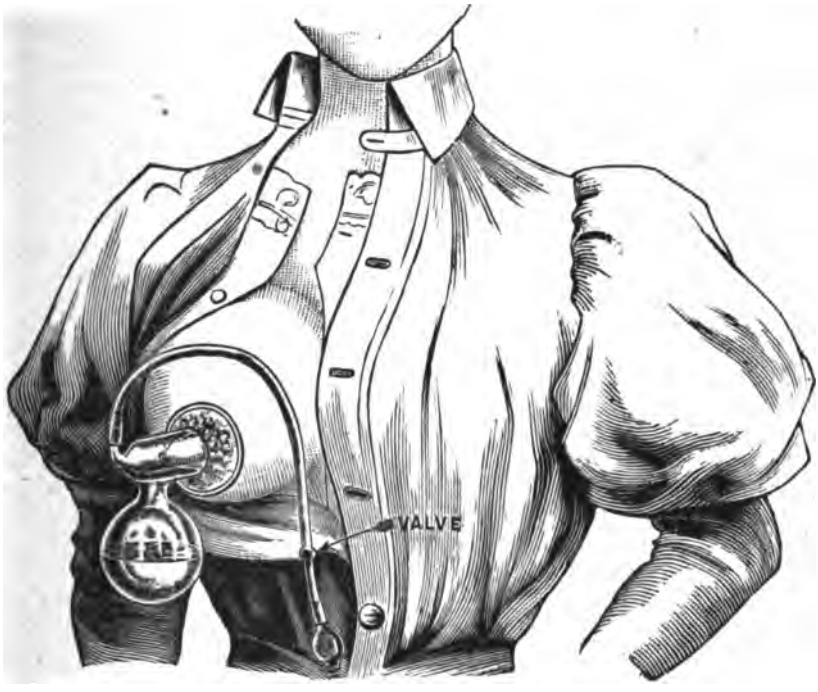

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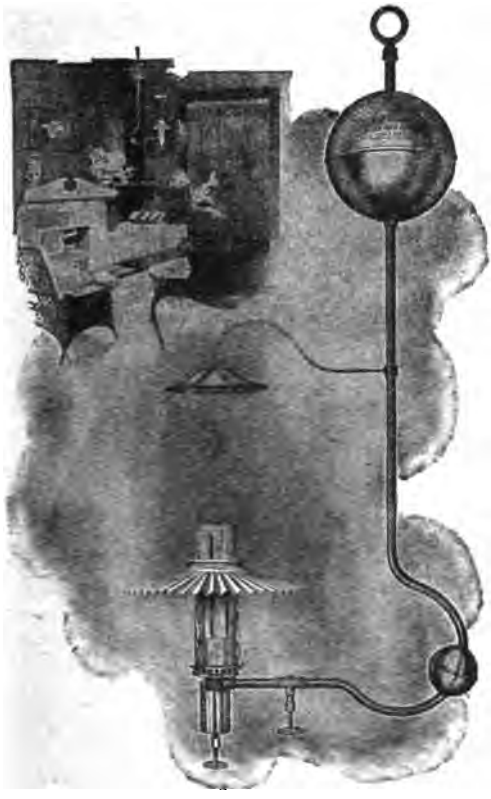

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BY A. SANDNER, M. D.,
Chicago, Ill.

(Continued from page 1042.)

When discussing the treatment of the tuberculously predisposed, we must bear in mind that, in a good many instances, those persons live under a constant anxiety, fearing to be attacked by the disease which has been the cause of death of some of their ancestors. And while it is wise and right that the individual should seek to find out by experience what is good and what bad for him, it is by no means desirable that he should allow the pursuit of his health to become the religion of his life. This brings with it its own nemesis, for it leads to a morbid alertness for unfavorable symptoms, and a constant dread of disease and death. It is, therefore, the physician's duty to improve the hygienic surroundings of these patients without unnecessarily exciting alarm.

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(Continued on page 1254.)

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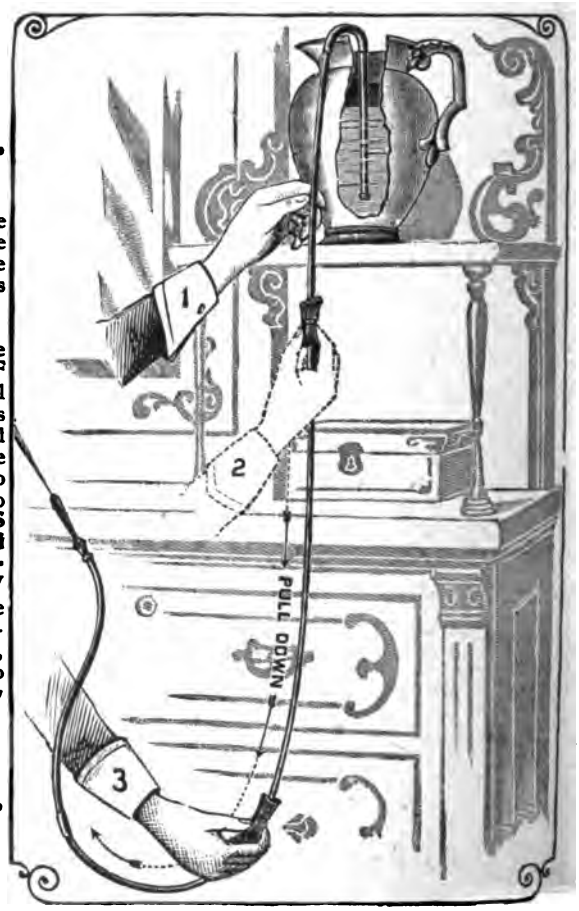

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(Continued on page 1256.)

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The clothing should be appropriate to the season. Bulky "chest protectors" should be discarded at any time, but I have found a lining of silk covering the chest part of the flannel worn an efficient means to prevent the extension to the chest of colds contracted during the inclement weather.

A most important and greatly neglected matter is the sleeping apartment, and regarding its ventilation and appropriate temperature, we see the pendulum of medical opinion swing again right from one extreme to the other. Whilst people in former days were told they must have a warm bedroom, be protected by nightcap, necktie, and flannel nightshirt, the enthusiastic open-air treatment advocates of the present day tell us "that the night air is just as good as the day air," and that a person should always sleep with the window open, no matter how cold or how damp it may be outside.

To my mind, one extreme is as objectionable as the other, for I would neither wrap myself up unnecessarily, nor would I think of leaving the window of my bedroom open on a very cold night, or on one of those spring nights when the air is charged with the effluvia which are so productive of influencal infection, had I at all a tuberculous inclination. And I would not advise any one else to do it. Not all of us are always in a position to have everything ideal, but we, as educators of the public in hygienic matters, should be conversant with how a bedroom should be, and should exert our influence to make it as sanitary as circumstances will permit.

Situation.—A great many buildings in this city have their bedrooms on the north side, whilst the parlor is situated on the south side. I myself, although not predisposed to pulmonary affections, caught repeated colds whilst living in a residence in which all the bedrooms were thus located. A bedroom should, of course, be located on the south side here, and on the side least exposed to sharp, cold winds in other localities.

Size.—A bedroom should provide for at least 500 cubic feet of space for each person occupying it. Apart from cases of necessity, there are a great number of people in this city occupying bedrooms *not* much larger than the bed in which they sleep. This evil is mainly found in flat buildings, where a fairly capacious parlor is taking up the room which ought to be allotted to the bedroom. We should exert our entire influence to remedy this architectural mistake wherever possible.

Floors and Cleaning.—The floor of a bedroom should never be covered by a carpet. No matter how clean a carpet may be kept, it will always retain a large amount of dust, and even if we do not consider the germ etiology of tuberculosis to be correct, we must admit that dust is a very undesirable irritant to the respiratory tract. The best floor is one of hardwood, well oiled, and where this ideal is not obtainable, the floor should be covered with oilcloth, a small rug being placed in front of the bed for the protection of the feet.

All bric-a-brac should be excluded from the bedroom, for it forms the best excuse for "dusting." *A bedroom should never be dusted.* The floor should be washed at least twice weekly, a teaspoonful of commercial carbolic acid or of chlorinated lime forming a very desirable addition to the water used for this purpose.

Temperature and Heating.—A great many bronchial catarrhs owe their origin to the change of temperature to which our "modern" steam heated flats are subjected. Whereas during the day the temperature is kept inordinately high, the steam is cut off at 10 P. M., and during the night the apartments are unheated. Frequent and prolonged colds are the consequence.

Another source of irritation to the respiratory mucous membrane is the dry air created by furnace heat. If a person is used to sleep in a heated room—and a weak person should certainly do so during the colder months, a temperature of from 60° to 65° F. being the most appropriate—a stove, or the heat from a furnace in the register of which a receptacle filled with water has been placed, is the best mode of heating.

At first glance, these minute references to the bedroom may appear superfluous, but when we have an opportunity of seeing daily how sadly neglected these primitive sanitary conditions are, and take into con-

(Continued on page 1258.)

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sideration the fact that at least one-third of the twenty-four hours is spent in the sleeping apartment, their importance becomes evident. Besides to the bedroom, the conditions mentioned should find application to all places where a number of people congregate, viz., workshops, theaters, public halls, railroad cars, etc.

There are few things acting as a better tonic than a good sleep, and just those weak and nervous subjects are the ones handicapped in this respect. A cold compress in the neck, a warm mustard or salt foot bath, a short walk in the open air, a pinch of bicarbonate of soda in half a tumblerful of water before retiring are simple yet effective means to procure a good night's rest.

On rising in the morning, a cold sponge of face, neck, arms and chest in cold weather, and a shower during the hot season, should be regularly indulged in It is a peculiar fact that these timid and nervous people are frequently afraid of water, and especially of cold water. Their oversensitive skin is so forcibly impressed by a cold wash or bath that they rather neglect taking one at all.

Next in importance to the preceding hygienic observances is the care of the alvine tract. "He will be a bad eater," Knopf's description of the tubercular candidate commences; but his "bad eating" is not so much a symptom *per se* as it is a sign of unstability and sluggishness of every function, particularly the digestive one. Our aim, therefore, must be to guard against disturbances of this function rather than to attempt increasing the nutrition by medicines which themselves are frequently the cause of the anorexia, as for instance, cod-liver oil.

The teeth should be kept scrupulously clean, and the carious ones should receive immediate attention. The patient should accustom himself to wash teeth and mouth after each meal, or, if this be impossible, at least in the morning and evening. The mouth wash I usually recommend consists of Sander's eucalyptol, one drachm; menthol, five grains; benzoic acid, twenty grains, and alcohol, one ounce; five drops to half a tumblerful of water.

It is not intended to enter into any details of the culinary art, but there are three nutritional auxiliaries which have not received the attention they deserve, and I shall take leave to review them in my next paper. They are: olive oil, milk of almonds, and somatose.

(To be continued).

[Written for the MEDICAL BRIEF.]

Quantitative Testing.

BY J. BARKER SMITH, L. R. C. P. LOND.,
Author of "Quantitative Estimation of Urine," London.

(Continued from page 958)

"Centim" is used for cubic centimeter.

MEDICAL BRIEF readers will kindly notice that I have altered the heading of my chapter, but the tests are the same. All articles of the pharmacopeia, or physiological fluids and solids, may be divided into three great groups, *i. e., oxidimetrically*, or by the acid permanganate method previously described.

I. Water Group or Type.—Those which do not immediately decolorize the subnorme of acid permanganate, *neither cold nor boiling—water, acetic acid, chloroform, urea, cocain.*

II. Alcohol Group or Type.—Those which do not immediately decolorize the cold acid permanganate, but which decolorize the *boiling* subnorme of acid permanganate — alcohol, glycerin, starch, sugar, citric, and tartaric acids.

III. Tannin Group or Type.—Those which decolorize the *cold* acid permanganate immediately, and with still greater intensity the *boiling* subnorme of acid permanganate—tannin, albumens, gallic acid, morphia, peroxide of hydrogen, etc.

Hence, a mere trace of *white arsenic* or tartar emetic occurring in any of the common white powders of the household would be instantly detected. For example: The subnorme would not be decolorized immediately by a drachm of carbonate of soda, borax, chlorate of potash, epsom salts, cream of tartar, seidlitz powder, alum, boracic acid, and many other substances; but it would be instantly decolorized by a milligramme of white arsenic. Flour and meal from their albumens, violet powder from its aromas,

(Continued on page 1262.)

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Summer Complaint.

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sherbet from its flavor, antipyrin or pepsin, would all decolorize.

Reviewing the three groups we recognize that all liquids, and all solids brought into solution, may be referred to one of these groups; or, we may say that all substances have an oxidation capacity when referred to my simple method of oxidimetry by the subnorme or norme of acid permanganate. It is also clear that we should save space and time by certain abbreviations, *e. g.*, expression of oxidation capacity, abbreviated to E. O. C. Again the results of the two simple experiments with the subnorme may be stated with a hyphen between them, *e. g.*, members of first group, O-O. Further, the expression of oxidation capacity is, in parts of a gramme, the quantity of substance decolorizing the *norme* of acid permanganate, and if we multiply such by a hundred the product is a constant dividend of which the quantity decolorizing is the *divisor* and the quotient of such division is the percentage.

Illustrative Examples.—It is more than twenty years ago since I published my method as an elegant quantitative test for morphia, quinine, and about three hundred other important substances. I will take morphia sulphate as an object lesson.

Here is a subnorme of acid permanganate in a flask, and it has taken me a few seconds only to ascertain that it is decolorized by about a tenth centim of one per cent solution of sulphate of morphia. It is not convenient to read off so small a quantity from my pipette as a tenth centim, so the morphia solution is diluted one to five with water. I repeat the experiment and .6 centim decolorize the subnorme, *i. e.*, .3 centims for the norme. Again, we see that it would have been more convenient had I made a still weaker solution. I dilute the solution with an equal volume of water and once more experiment. The quantity of this one per thousand solution, which now decolorizes the subnorme, is 1.2 centim or six centims the norme. The results are not different from those of the second experiment, but the dilution is more convenient. So I conclude that six centims of a one per thousand solution of sulphate of morphia decolorize the norme, or six milligrammes of sulphate of morphia. I write down the experimental results of the third experiment in an expression of oxidation capacity, but in an unfinished expression, with the first terminal only, and I use a Roman numeral to express the dilution: *Sulph. Morph.* E. O. C. .006-xM. Such an E. O. C. informs me that to estimate a quarter of a grain tablet of sulphate of morphia, with respect to a doubtful tablet, such should be dissolved in fifteen or twenty centims of water, also that an official one per cent solution of morphia should be diluted ten times; also that the constant dividend for morphia sulphate is .6, obtained by .006×100.

There is a sample of *liquor morphia hydroch.* P. B. obtained from a local pharmacy, is it correct? One centim diluted with water to ten centims; of this one and a tenth centim decolorized the subnorme, *i. e.*, five and a half centims the norme. The constant dividend is .6, which, divided by five and a half, affords .109, and multiplied by ten for the dilution, we find such solution contains 1.09 per cent of *morphia sulphate equivalent.* Such test occupied not much over one minute. The alcohol, acetic acid, hydrochloric acid, are under the time conditions of the test without interference. Suppose we are in a strange dispensary and we look in vain for the liquor morphia bottle in general use, and at last discover a large supply bottle containing more than sufficient for our purpose, say a draught of twenty minims; he would be a bold physician who made use of such *without testing.* Suppose he should make

(Continued on page 1264.)

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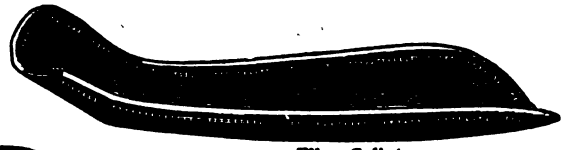

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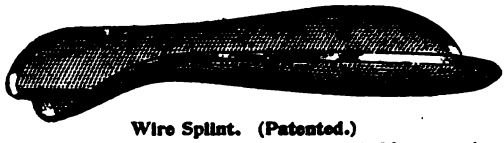

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use of such, and should find his patient comatose the next day, I mean under similar conditions as morphia poisoning, but perhaps arising from the disease, his conscience might remind him of negligence.

I have known such a case to happen in general practice, also one with solution of strychnine, but strychnine is a *non*-oxidizable *or nearly so*, apart from its possible contamination with brucine. Perhaps a few alkaloids selected from my past work may be interesting in their relation to oxidimetry.

Substance.	Expression of Oxidation Capacity.
Atropine Sulphate	·0 —·4, C.
Aconitine Crystals	·0 —·15, C.
Aconitine Amorphous	·2 —·05, C.
Veratrine Sulphate	·05 —·01, D.
Brucine Sulphate	·012—·005, C.
Strychnine Sulphate	·15 —·02, C.

NOTES.

Exalgin, Cocaine, Antifebrin.—These have no immediate reaction on the cold subnorme. More than a gramme of cocaine required to decolorize the boiling *norme*, and this might be due to the *hydrochlorate, vide* effects of chlorides in water analysis.

Hyoscyamine.—This salt does not react immediately upon the boiling subnorme. A decigramme decolorized the boiling norme by prolonging the boiling some minutes.

Codeine.—This salt reacts upon the cold acid permanganate, about a tenth less powerful than morphia. A sample of codeia afforded E. O. C. .035-.005, C.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Those Sparrows.

BY J. A. MOWRIS,

Lafayette, N. Y.

In reply to J. H. Campbell, of Bardstown, Ark., who, in June BRIEF, asks as to the "surest and best way to get rid of English sparrows," I advise him to dissipate completely all vexation from that source by expanding the circle of his benevolent sympathies. Become merciful and humane, and the sparrow will cease "to be a burden."

PURGATIVES

The evil effects resulting from the indiscriminate use of drastic purgatives and cathartics are well known to every practitioner. That they impair the physiological action of the liver and create chronic constipation, with the inevitable spasmodic demand for purgatives, is undoubted. Therefore, the rational treatment is to administer a mild hepatic stimulant; and of all the hepatic stimulants, CHIONIA is the best, as it does not dispose the bowels to subsequent costiveness.

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OME time ago an English writer who had investigated the claims of Cactus Grandiflora (?) concluded that the drug was not reliable. He mentioned the source of his different supplies of the drug from English houses and also the difference in the color of the several tinctures and extracts that had been sent him. His conclusions could not have proved different. In fact, he was using the opuntia, a species of the cactus family. The common error, that there is but one cactus, is apparent. The cactus family is, perhaps, the largest in the botanical world, and it takes an experienced eye to distinguish some species from others. Take, for instance, the similarity of Cereus Grandiflora and Cereus Bonplandi. There is also the greatest difference in their therapeutic action and chemical composition, and most all species are absolutely useless from a medicinal standpoint. The Cereus Grandiflora, which is collected for us in the mountains of Mexico and shipped under favorable circumstances only, has decided medicinal action, as proven by the universal use of Cactina Pillets, which comprise its physiological action in its best possible form. We doubt whether England has ever seen a pound of the true Cereus Grandiflora (Mexicana) unless, perhaps, in some botanical garden.

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[Written for the MEDICAL BRIEF.]

Politic Points.

BY C. E. BOYNTON, M. D.,
Sandy, Utah.

How frequently a patient tells us that Dr. So and So gave him such and such drugs, and often he is quite vain of the fact that he has thus learned what is good for this or that disease. Now, I believe that this is an important matter to the profession. The doctor who makes his patient a confidant as to therapeutic affairs is sowing mischief. Particularly if we administer alcohol, morphine, opium, or cocaine, should we keep the patient in ignorance.

Often we are confronted by questions from the laity like this: "Doctor, do you use calomel in your practice?" An answer like this fits pretty well: "Yes, I might use calomel if nothing better was handy, but almost daily new drugs of superior virtues come to our attention. Thus, to obtain desirable effects to-day, we are compelled to use calomel."

It is best to keep up with the times, therapeutically, and it is just as well to make the answering of an obtrusive question the opportunity of imparting the fact that we are wide-awake in the march of progress.

In many places, we confront the "Doctor Book," and patients refer to it to prove to us that they are something of doctors themselves. It is just as well to remark: "That book was written by a man who occupied no place of respectability in the medical profession, and in the hands of non-medical people it resembles a loaded weapon or a sharp knife in the hands of a small child."

Often our patients refer to "Doctors" who run large newspaper ads. We should waste no time in referring to these as incompetents and knaves; and then we encounter the person, sometimes, who does not believe in doctors. Ask this man if

(Continued on page 1268.)

EVERY MEDICAL MAN WHO HAS ANY EXPERIENCE IN GYNECOLOGY

will, we venture to say, admit that he meets very few women who have not some trouble with their menstrual functions, whether it be Amenorrhea, Menorrhagia, Metrorrhagia, Dysmenorrhea or some other irregularity. If he believes in the old adage that "experience is the best teacher," he will send and get a pamphlet containing the opinions of the leading medical men of the world as to the value of Aletris Cordial in these disorders.

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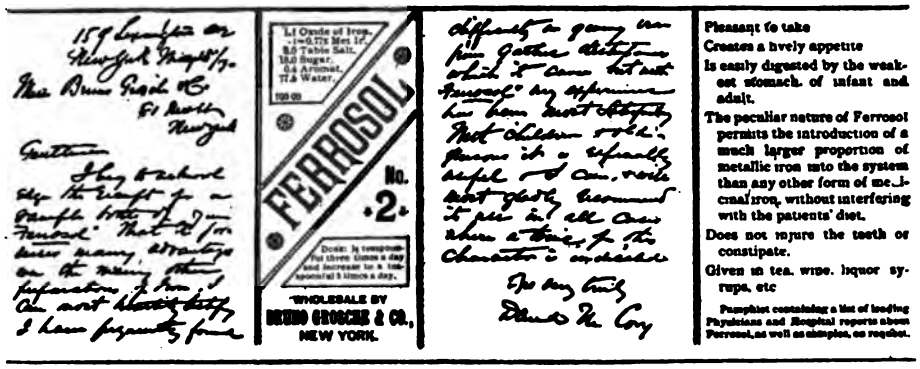
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INEBRIATION.

After the removal of alcohol in the treatment of the inebriate, a stage of profound exhaustion and neurasthenia comes on. The materia medica is constantly searched for a remedy that will enable the patient to regain in some measure his lost control of mind and body. The experience of the medical profession proves that Celerina meets this want more positively than any other remedy.

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he should cut, say the brachial artery, if he would not rather have a surgeon attempt to tie it than any one else?

Ask the faith-cure dupes how they would treat bleeding arteries and dislocated bones. Another thing, doctors, do not let your patients handle your journals and medical books.

[Written for the MEDICAL BRIEF.]

Triplets.

BY R. L. HIGGINS, M. D.,
Collinsville, Ind. Ter.

On May 9, 1901, was called to see Mrs. T., formerly the mother of three healthy children. On my arrival, at about four o'clock P. M., was informed that patient had been having severe labor pains since early in the morning, but a short time before my arrival water had broke, and all misery had stopped. Upon digital examination, found os dilated to about size of half dollar, hard and rigid; would not yield. Gave fifteen grains quinine sulph., and left to return in three hours.

In about two hours, was hurriedly called back. Found feet of fetus presenting. I soon brought down both arms, then os would not yield sufficient to pass head. Knowing the child had been dead for a long time, I passed a pair of dilating forceps gently up, and crushed head, then removed a girl baby, twelve inches long. It looked as though it had been dead for some time.

Proceeding to remove placenta, I met another bag of water protruding, which I ruptured, and two more feet presented. I removed another girl baby in a preserved state, and measuring in length six and one-half inches. On attempting again to remove placenta, I met another membrane protruding, which I ruptured, and out came another fetus, apparently in a preserved state, and measuring in length four and one-half inches.

With my right hand following cord of baby No. 1, and proceeding with left hand, by Crede's method, removed placenta No. 1. Baby No. 2 was not attached to placenta cord, so, by Crede's method I removed placenta No. 2, but could not find placenta No. 3, so decided to let patient rest. I left, to return next morning.

On following morning, I returned, and not being satisfied as to placenta No. 3. I made a thorough examination with curette, but found no placenta, so I irrigated with hot water and permanganate potash. Patient has made speedy recovery.

These babies were all females. Now, the strange thing about this, to me, is the three separate and distinct sizes. No. 1, from all appearances being about a six months' baby, No. 2 looking as though it had ceased to live at about five months, No. 3 at, perhaps, three and one-half or four months.

This woman had not menstruated for the full nine months.

Now, I would like to hear from the Editor and the profession. Was this one conception, or was it three conceptions?

I should have stated, the female organs were normal.

Best wishes for the BRIEF, and its able Editor.

[Think it was one conception. The unequal development is common enough in Nature, and corresponds to the inevitable survival of fittest principle. Probably one fetus was endowed with stronger instincts of assimilation. The character of the shock which stopped development does not appear. It is usually some disease of uterus or placenta, torsion of the cord, etc.—ED.]

[Written for the MEDICAL BRIEF.]

Dr. Allen's Case.

BY CONRAD E. COOK, M. D.,
Guthrie, O. T.

You say, "Some of our readers can, perhaps, help Brother H. W. Allen, Newark, N. J.," with his twenty-five years young man. Perhaps so. Trouble due to constipation, constipation due to fluids used in extra exercise, nervous kicks at the lash (stimulants).

To cure, open the bowels, and keep open with plenty of water and phosphate of sodium, with a few Turkish baths, will soon set him all right. Lighten up on the exercise for a while.

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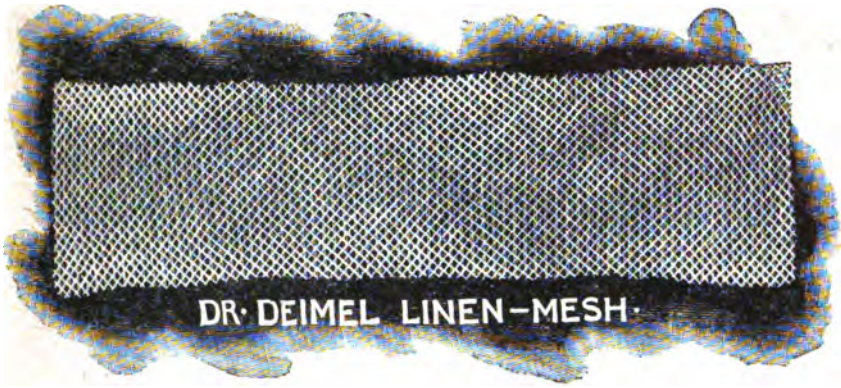

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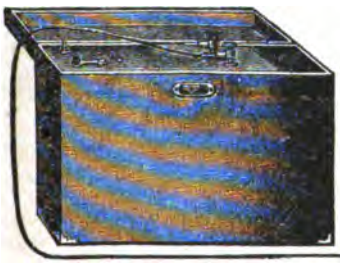

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[Written for the MEDICAL BRIEF.]

The Physicians' Home—Homesteading Land in Nevada—Plans Changed.

BY JNO. S. HARRIS, M. D.,

Corresponding Secretary.
Minor Hill, Tenn.

The Physicians' Home enterprise, which many have noticed in former issues of this and other journals (the pros and cons) have studied the matter from many standpoints. You must remember that this is an immense move and that with every plan yet conceived obstacles loom up which look, when analyzed, insurmountable. The difficulties surrounding all plans are simply the inadvisability to undertake such an expensive building for destitute doctors and their children as well as for visitors and short-term patients. The enormity of such plans, when closely estimated, preclude the possibility.

It is this way: Twenty per cent of one hundred thousand physicians, including wives and orphan destitutes would require an expenditure of nearly a million dollars to erect an institution which would creditably afford admittance. Should a less per cent avail themselves of this institution annually less money would be required. The logic is simply that the medical profession of America is not in such a financial state of plethora as to warrant such an expensive undertaking. To keep up, educate, and maintain doctors' children, their wives, or even the broken-down members of our fraternity, on an expensive scale is more than could reasonably be expected, unless the profession was held together by ties binding and forever cementing us together. While brotherly love prevails throughout our ranks, we are not a fraternal order thus cemented, but a profession. Each State has made some arrangements for the unfortunate members of our fraternity by having and holding in common local institutions for all. This is adequate protection to those who are in destitution and affords a means of support to those who have fallen by the wayside financially, superior to a

(Continued on page 1272.)

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far-away Nevada Home, but by this Nevada Home we mean a retreat for rest and recreation. A climatic home for a physician or any member of his family, who wants to change climate for a while in order to recuperate and take a climatic change and rest-cure. There is no State in the Union better suited to this climatic home than Nevada. It has the altitude, the streams, the scenery, the mountains, and in every way is an ideal climate for people of diseased chest.

Now, the idea is this: Homestead a sufficient amount of land in Nevada, say a thousand acres, in the name of the Home organization. This can be done. Get some good Nevada man, who understands the vegetation of that region, to take charge of it. Then erect a dwelling (domestic-like) at a small cost, but sufficient to accommodate a given number. The dwelling need not be expensive, as no one going there would care anything about the finery, he can see that in the Eastern States, but for genuine, simon-pure advantages, such as eating the fruits, breathing the pure air, climbing the mountains, fishing in the streams, driving, hoeing in the gardens, etc. It should be intended as a climatic change for rest of mind and body, and not an institution lavished and surrounded by the tasteful things of life procured by the hard-earned money of its stockholders. It is the thing real, country-like, home-like, and life-like that will best succeed and best meet the wants of those who go A few thousand dollars will put this matter on its feet. We can enter the land so the building and furnishing should be all. We think four thousand dollars will erect a sufficient building and one thousand furnish it, making five thousand dollars. A farm, cultivated in the adapted vegetation of the region, will pay largely. Labor can be procured as cheaply in that region as elsewhere and building material also. We can select some suitable location in Nevada best adapted to our wants.

Of course, Nevada is not in the center of the United States, but we want, as stated, a climatic home, as many physicians and their families are seeking changes. The drift of immigration is westward. Bristol, Tenn., has been selected by a committee, but the Nevada home is not a permanent home for any one, but purely a retreat for those seeking a change. It should be a retreat for all schools of medicine; that is, for all stockholders, as it is impossible to erect a home thus devoted on any other plan.

It is simply like other business matters, some are in favor of it, and others oppose it, but the *onus* of the matter is, those who want it will help endow it and the other crowd will do us justice by holding still. Stocks should be open to all who want to take a part. Place a life certificate stock, non-transferable, for a physician or any member of his family at ten dollars. Let each certificate draw ten per cent interest from its date of issuance, payable annually. This will, with the help of the farm, support the retreat. Say the first year one thousand take stock. That makes ten thousand and one thousand dollars interest. Say this one thousand represents on an average five members to each family—that's five thousand. Say twenty per cent of this five thousand come. That's one thousand, or eighty-three persons per month. Say the expense of each person in this country-like home is ten dollars per month (average board in country), that's eight hundred and thirty per year, to say nothing of the little gifts through kindness which may come in.

The farm, under good cultivation, in a favorable year, would clear at least two thousand dollars.

We think the above is a close estimate and not overdrawn. Remember, it is the advantage of a Western country climatic retreat we are working for, and not a high-styled home or sanitarium, to incur an annual expense which we would be unable to meet. Common sense should govern all things, and if this is not good policy, what is good policy? Now, this is not especially a retreat for treatment, as chronic subjects don't need much medicine, so there will be no resident staff of salaried physicians to pay.

Look at this beautiful proposition, Doctor, and see if it is not tenable. Over a half million dollars is paid out annually

(Continued on page 1274.)

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by physicians sending their sons and daughters to a Western climate. So far as I am personally concerned, I am not sick and have a living at home, but I know, if I know anything, that this is a good idea. We want to hear from all physicians everywhere in the United States. The certificates are not payable until a sufficient sum has been raised. We would like to hear from all Nevada M. D.'s. Any information I can furnish I will do so cheerfully, if stamp is enclosed. Further information can be obtained from Dr. Cam Anderson, Holston Bridge, Va.

As stated, the organization, including its trustees, is to homestead the land. The organization is incomplete. We want men in every State in the Union to enter the organization in order to have a national movement. Let those who are interested reply; also those seeking information. Remember, this is no one man's move; no private enterprise seeking free admittance before the fraternity for personal aggrandizement, but for the good of all physicians everywhere in America who are willing to enter and help foster its interest. Of course, if you don't think it will ever be of any interest or profit to you, you will not take stock. Remember, further, that it is a climatic home for rest and recreation of its medical stockholders, or for any member of his family who needs such advantages. Of course, only physicians will come, purely for rest and recreation, and the members of his family for climatic advantages in reference to their physical condition.

[Written for the MEDICAL BRIEF.]

Mastitis.

BY C. E. BOYNTON, M. D.,
Sandy, Utah.

J. C.'s question as to mastitis, on page 884, June BRIEF, reminds me that my experience in preventing mastitis may be of value. In thirteen years of active practice, mastitis has never occurred among my obstetric cases except once when a puppy bit the nipple. As soon as the child is born, I leave boracic acid to be applied frequently to the damp nipple. If there is more milk than the baby will take, I insist that the surplus milk be removed, either by the husband or some other person.

If this direction can not be followed, I permit a breast pump to be used. Also I insist that the breasts shall be well and gently manipulated, and if temperature, pain, or hardness persist, a few doses of quinine and hyoscyamin are given.

If the nipples are tender, I paint them with pure icthyol, which is washed off in four hours and applied again after the baby nurses; one application will, however, succeed in most cases. The boracic acid is just brushed off when the baby takes the nipple, and I have noticed that this also averts white mouth.

If, however, the baby gets no water to drink, its saliva may irritate the nipple, thus I am very particular, both for the sake of the infant and its mother, that three or four times per day the baby should have a reasonable quantity of water to drink. There is another advantage in giving the baby plenty of water, and that is the avoidance of colic and crying. Then, also, the nursings should not occur oftener than one and one-half hours.

Perhaps, also, my practice of giving the mother a laxative (aromatic castor oil) about eighteen hours after the birth of the child, and continuing a laxative tablet daily afterwards, has contributed to my good fortune in escaping mastitis.

[Written for the MEDICAL BRIEF.]

English Sparrows.

D. L. PHIPPS, B. S., M. D.,
Whiteland, Ind.

I see in BRIEF, June number, page 910, Dr. J. H. Campbell wants to know how to get rid of English sparrows. Let the doctor give a little attention to the real value of these birds, and he will wish for them to multiply rapidly. The English sparrows ate thousands of insects in my orchard this season, and saved the trees by so doing. I will farther say that these birds are here and here to stay. The host of Gideon can not get this country rid of them, and I am glad of it. They may be a little provoking in some ways to folks in larger towns or cities, but they compensate for all that by good deeds.

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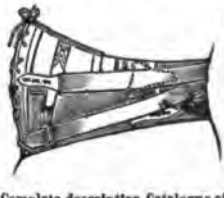

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[Written for the MEDICAL BRIEF.]

The Glasgow Epidemic of Small-Pox.

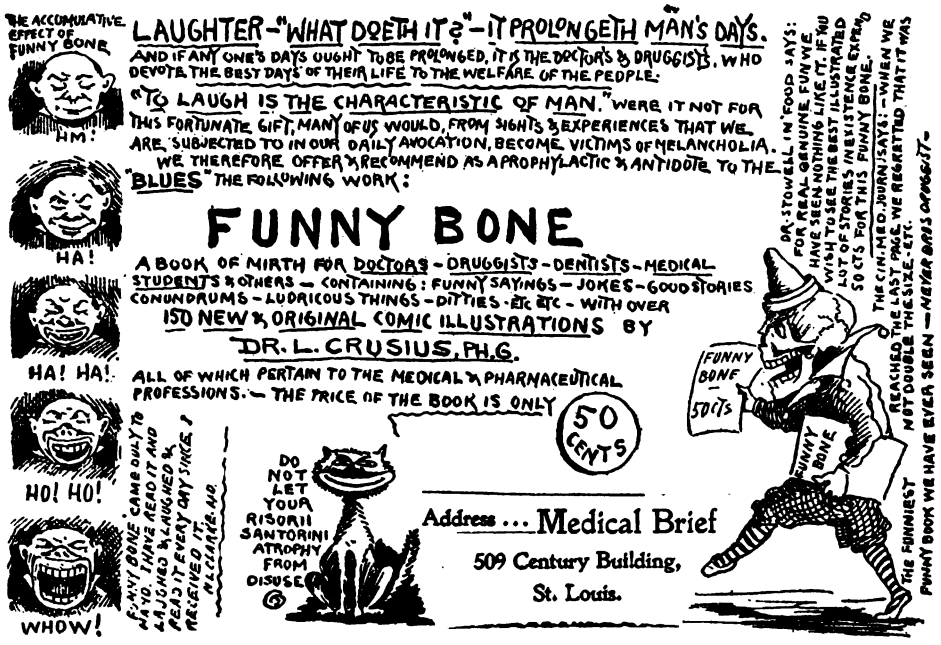
BY JAMES R. WILLIAMSON, M. D.,
London, N. W., England.

To those not thoroughly imbued with a superstitious belief in the efficacy of vaccination as a protection against small-pox, the fact that Glasgow, where, according to the testimony of the previous Medical Officer of Health, Sir James Russell, vaccination and revaccination were performed "to an extent unparalleled in any other locality," has been attacked with a most virulent epidemic of small-pox, should afford proof of the utter uselessness of the operation. Moreover, it must not be forgotten that the outbreak commenced a year ago with a revaccinated sailor, just as the Gloucester epidemic began with a revaccinated school teacher.

By the middle of February of this year, 240,000 of the population of Glasgow had been revaccinated, and, up to March 8th, no less than £25,000 of the public money was spent in revaccination, yet up to March 26th, no fewer than one thousand six hundred and three persons had been attacked by small-pox, of whom one hundred and ninety-eight died.

The following communication from the Past President, Mr. William Tebb, was read at the recent annual conference of the National Anti-Vaccination League, and puts the case in a brief but indisputable form: "The present serious outbreak of small-pox amongst the vaccinated population of Glasgow furnishes another proof that small-pox pays no more respect to Jenner's nostrum to-day than it has in Middlesbrough, Warrington, Sheffield, Cologne, Berlin, Montreal, New York, Brooklyn, and other well-vaccinated centers. Previous to these conspicuous failures, the municipal authorities in nearly all these cities took credit for the efficiency with which vaccination was carried out. In Sheffield, with its three deadly epidemics, the public vaccinators received enormous bonuses in addition to their salaries for the excellence of their work. If the money thrown away in this useless, but mischievous though legalized quackery, had

(Continued on page 1278.)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HO! HO!
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"TO LAUGH IS THE CHARACTERISTIC OF MAN." WERE IT NOT FOR THIS FORTUNATE GIFT, MANY OF US WOULD, FROM SIGHTS & EXPERIENCES THAT WE ARE SUBJECTED TO IN OUR DAILY AVOCATION, BECOME VICTIMS OF MELANCHOLIA. WE THEREFORE OFFER & RECOMMEND AS A PROPHYLACTIC & ANTIDOTE TO THE "BLUES" THE FOLLOWING WORK:
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DR. W. BERTHELOT, Santander, Spain, says: I have found a combination of CELERINA and ALETRIS CORDIAL very useful in dysmenorrhea.

J. OGILVY, M. D., Retired Surgeon-General Army, Bournemouth, Eng., says: I think CELERINA is an excellent and powerful stimulant, and likely to be useful in cases of mental depression and brain worry.

W. R. EVANS, M. D., L. R. C. S. I., 19, Merrion Square, Dublin, Ireland, says: I have largely prescribed CELERINA in the debility following epidemic influenza, and have found it most useful.

ALFRED BAKER, M. D., Aysgarth, Bedale, Yorkshire, Eng., says: I think CELERINA is certainly of service in nervous exhaustion.

DR. BERLIOZE, Brussels, Belgium, says: We have in CELERINA a magnificent combination for all forms of neurosis.

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